



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Performance Report

December Performance Report

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Data used in this report refers to the latest performance information available at the time of publication

Key performance message

Emergency Departments

Emergency Department attendances increased by 1.2% year to date December 2015 when compared with the corresponding period in 2014. The percentage of patients waiting in the Emergency in December for 6 hours or less was 68.6%. The percentage of patients waiting for 9 hours or less in Emergency Departments in December was 83%. There was a significant reduction in the number of patients waiting greater than 24 hours in the Emergency Department in December. The number waiting greater than 24 hours reduced to 2,565 in December from 3,514 in November.

Under the Winter Planning Initiative, hospitals and Community Healthcare Organisations developed Winter plans to assist Emergency Departments through the enforcement of priority actions along with increased capacity being made available across hospitals and in the community.

Waiting lists for inpatient, day case and outpatient appointments

The HSE undertook an initiative to reduce waiting lists for inpatient, day case procedures and outpatient appointments. Additional funding was allocated to the HSE to meet the costs associated with supplementary treatment capacity to bring maximum wait times to 15 months by 31 December 2015.

The total number of people waiting over 15 months for an inpatient/day case procedure at the end of December was 746.

Concerted efforts were made to reduce outpatient waiting lists by facilitating additional clinics outside conventional working hours and by outsourcing where the capacity was limited in particular hospital groups. The total number of people waiting over 15 months for an outpatient appointment at the end of December was 9,887.

The HSE recognises that there are personnel and structural challenges which are impacting on specialties and hospital sites. Waiting lists are being managed so that those patients waiting the longest are scheduled within the available capacity, once emergency and urgent cases have been dealt with.

Delayed Discharges

The number of delayed discharges in December was 509, which is down from 558 in November. The number of bed days lost through delayed discharges has reduced by 24.7% since January, a gain of 5,432 bed days.

The Government approved a €25m Delayed Discharge Initiative in 2015. This initiative has now been fully implemented. Service improvements seen in 2015 include 300 additional Nursing Home Support Scheme (NHSS) places, 50 additional ring fenced short stay residential beds and an additional 65 short stay beds at Mount Carmel, an additional 400 Home Care Packages which are being utilised by Hospitals to alleviate delayed discharges and there has been an extension of the Community Intervention Teams to support the Acute Hospitals.

As part of the Emergency Department Taskforce Initiative an additional €74m was provided. Service improvements include 713 additional NHSS places, the number on the placement list waiting for NHSS approval has reduced to 358 and the waiting time for approval is being maintained at no longer than 4 weeks. Also 1,513 additional transitional care beds have been approved for people being discharged from acute care and 4,183 approvals have been given for these since April. 149 additional public beds and 24 additional private contracted beds are also operational under this initiative.

Performance update

Acute Hospitals Services

Acute Activity

The number of elective admissions is 102,554 and the number of outpatient attendances is 3,297,475 year to date. There has been a 2.6% (2,581) increase in the number of elective admissions and a 3.4% (107,726) increase in the number of outpatient attendances against expected activity year to date.

Emergency presentations are up by 20,871 on 2014, the proportion of these who are admitted has remained around 34%.

The proportion of all of the people seen between January and December 2015 who had completed their visit to the Emergency Department within 9 hours was 81.7%.

Overview of key acute hospital activity

Activity Area	Result YTD Jan - Dec 2014	Result YTD Jan - Dec 2015	SPLY % Var	Against expected activity YTD	Feb- Dec 2014	Feb-Dec 2015	SPLY % Var	Result Oct 2015	Result Nov 2015	Result Dec 2015
Inpatients discharges	642,812	644,990	0.3% (2,178)	0.2% (1,242)	587,056	591,756	0.8% (4,700)	55,115	54,102	54,939
Day case discharges	861,138	878,821	2.1% (17,683)	0.2% (1,622)	786,687	808,441	2.8% (21,754)	74,861	77,111	67,500
Inpatient & Day Cases	1,503,950	1,523,811	1.3% (19,861)	0.2% (2,864)	1,373,743	1,400,197	1.9% (26,454)	129,976	131,213	122,439
% Inpatient	42.7%	42.3%	-0.4%		42.7%	42.3%	-1.1%	42.4%	41.2%	44.9%
% Day Cases	57.3%	57.7%	0.4%		57.3%	57.7%	0.8%	57.6%	58.8%	55.1%
Emergency Presentations	1,272,269	1,293,140	1.6% (20,871)	1.2% (15,691)	1,165,264	1,190,749	2.2% (25,485)	111,179	107,116	108,141
New ED attendances	1,098,008	1,102,720	0.4% (4,712)	-0.1% (-1,411)	1,006,113	1,015,049	0.9% (8,936)	94,645	90,794	92,539
Emergency Admissions	449,167	447,557	-0.4% (-1,610)	-0.8% (-3,600)	408,969	409,585	0.2% (616)	37,814	37,271	38,734
ED Admissions *	283,679	280,509	-1.1% (-3,170)		258,847	256,215	-1% (-2,632)	23,573	23,068	24,446

Activity Area	Result YTD Jan - Dec 2014	Result YTD Jan - Dec 2015	SPLY % Var	Against expected activity YTD	Feb- Dec 2014	Feb-Dec 2015	SPLY % Var	Result Oct 2015	Result Nov 2015	Result Dec 2015
Elective Admissions	100,971	102,554	1.6% (1,583)	2.6% (2,581)	92,655	94,665	2.2% (2,010)	8,684	9,395	7,495
OPD Attendances	3,206,056	3,297,475	2.9% (91,419)	3.4% (107,726)	2,923,776	3,023,426	3.4% (99,650)	280,354	290,564	242,584

*Note: ED Admissions recorded in 2014 were higher than those in 2015 in some hospitals due to a different recording protocol. Standardisation in 2015 has resulted in a difference of c 2,700 due this data definition change.

Inpatient discharges has increased by 1,242 patients YTD against target.

Daycase activity has increased by 17,683 cases in 2015 YTD compared with 2014, and is 0.2% above projected target YTD.

The combined number of inpatients and day cases has increased by 19,861 which is significant when taken in the context of a reduced birth rate, an increase in admissions of patients over 65 years of age and an increase in complexity of emergency presentations.

Patient experience in ED

108,141 (1,293,140 YTD) people registered for an ED service in December, 92,539 of these were new attendances.

ED Patient Experience	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Avg no. of patients on trolleys for over 9 hours in ED waiting admission												
(Target ≤ 70)	144	177	156	122	123	128	91	97	110	114	108	83

83 was the average daily number of patients in ED waiting for admission/discharge for over 9 hours in December. The average daily number in November was 108. (Target ≤ 70)

% of people admitted or discharged within 9 hours from ED (Target 100%)

ED Patient Experience	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dec 2015	80.4%	79.3%	79.9%	81.7%	82.3%	82.4%	83.6%	82.4%	82.3%	82.2%	82.7%	83.0%
Dec 2014	77.8%	77.7%	78.3%	81.1%	81.5%	82.6%	81.7%	82.2%	82.8%	82.9%	81.6%	81.9%
YTD 2015	80.4%	79.3%	79.7%	80.2%	80.6%	81.1%	81.3%	81.5%	81.6%	81.7%	81.6%	81.7%
YTD 2014	77.8%	77.7%	77.8%	78.7%	79.6%	80.1%	80.5%	80.7%	81.0%	81.2%	81.2%	81.3%

Overview of patient experience numbers

- 66,122 (68.6%) of the people seen were admitted or discharged within 6 hours (Target 95%)
- 80,031 (83%) of the people seen were admitted or discharged within 9 hours (Target 100%)
- 3,599 patients over 75 years were waiting in ED for admission/discharge for over 9 hours (based on 24 of 26 hospitals)
- 661 over 75 years of age were waiting in ED for more than 24 hours out of a (total >24 hours 2,565). The number waiting > 24 hours in November was 3,514 with 843 over 75 years of age

Cancer Services

There is a focus on access to assessment and treatment for specific cancer types in some centres where targets are not being met.

Performance data	December 2015	December 2014	December YTD 2015	Best and Outliers (in the reporting month)
Breast: Attendees, triaged as urgent, who were within 2 weeks of referral. (Target 95%)	99.4%	92.1%	96.9%	<ul style="list-style-type: none"> • All centres have reached the target in December
Lung (rapid access clinic) People who were offered an appointment/ attended a RAC within 10 working days of referral. (Target 95%)	87.3%	91.1%	85.7%	<ul style="list-style-type: none"> • 100% St Vincents, Mater and Waterford • Beaumont 68.4%, Cork 81.5%, Limerick 63.6% and Galway 83.9%
Prostate: People who were offered an appointment / attended a cancer centre within 20 working days of referral. (Target 90%)	55.1%	61.9%	58.7%	<ul style="list-style-type: none"> • St Vincent's and Mater reached the target • Beaumont 21.4%, St James 0% Waterford 11.1%, Cork 33.3%, Limerick 10% and Galway 78.6%
Radiotherapy: Commence treatment within 15 working days of being deemed ready to treat (Target 90%)	85.1%	83.9%	84.6%	<ul style="list-style-type: none"> • Galway 87.3% and SLRON 80.8% • Cork outstanding • 100% Waterford and Limerick

Waiting Lists

Waiting list numbers by time band	Over 20 Weeks	Over 8 Months	Over 12 Months	Over 15 Months	Over 18 Months	Total
Adult IPDC		15,058	5,243	673	419	60,715
Child IPDC	3,249	1,512	422	73	40	7,371
OPD		99,919	37,197	9,887	5,262	375,440

Hospitals were supported by the HSE through additional funding for outsourcing and in sourced capacity to focus on reducing long waiters and achieve a 15 month maximum wait time by year end. Significant progress was made in reducing the waiting lists in the second half of the year. Waiting

lists are being managed in order to ensure that those patients waiting the longest are scheduled within the available capacity and having regard to the known capacity deficits.

Inpatient/Day Case Waiting Lists

Waiting list numbers for both inpatient/day case procedures and outpatient appointments have improved significantly. In summary, waiting lists have reduced as follows;

- The total number of people waiting for an inpatient/day case procedure at the end of December was 68,086, a reduction of 738 people waiting when the year to date December inpatient/day case procedure waiting lists are compared with the respective waiting lists for November.
- The number of people waiting over 18 months for an inpatient day case procedure was 459 at the end of December, a reduction of 1,074 on the November waiting list numbers.
- In terms of the number of people waiting over 15 months there was an overall reduction of 2,547 people waiting for inpatient/day case procedures. The total number of people waiting over 15 months at the end of December was 746.

Outpatient Appointments

Concerted efforts were made to reduce outpatient waiting lists by facilitating additional clinics outside conventional working hours and by outsourcing where the capacity is limited in particular hospital groups.

- The total number of people waiting for outpatient appointments has fallen to 375,440 at the end of December from 385,507 at the end of November, that is, a reduction of 10,067.
- The number of people waiting over 18 months for an outpatient appointment was 5,262 at the end of December, a reduction of 4,356 on the November waiting list numbers.
- In terms of the number of people waiting over 15 months there was an overall reduction of 11,395 people waiting for an outpatient appointment. The total number of people waiting over 15 months at the end of December was 9,887.

Waiting List numbers by month, in time bands	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Adult Waiting list > 15 months (0 by Dec)	2,379	3,022	3,847	4,045	3,881	2,926	3,739	4,368	5,057	4,598	3,101	673
Of which Adult Waiting list > 18 months (0 by June)	832	1,105	1,557	1,848	1,603	77	607	1,317	2,107	1,993	1,431	419
Child Waiting list > 15 months (0 by Dec)	183	241	340	311	314	152	229	337	385	371	192	73
Of which Child Waiting list > 18 months (0 by June)	49	64	117	130	147	1	16	51	137	168	102	40
Outpatient Waiting list > 15 months (0 by Dec)	42,157	45,402	49,000	51,313	52,734	37,567	33,221	34,003	34,263	31,289	21,282	9,887
Of which Outpatient Waiting list > 18 months (0 by June)	24,847	27,001	30,092	33,252	33,496	15,542	10,162	11,235	13,176	13,353	9,618	5,262

GI Waiting List

Month	0 -1 Month	1 - 2 Months	2 Months –13 Weeks	Total under 13 weeks	13 Weeks – 3 Months	3-6 Months	6-12 Months	12+ Months	Total Over 13 weeks	Overall Total
May	4,303	2,750	1,860	8,913	56	2,972	3,000	828	6,856	15,769
June	3,789	2,836	1,966	8,591	86	3,258	2,909	1,081	7,334	15,925
July	3,887	2,473	1,906	8,266	73	3,390	3,095	1,162	7,720	15,986
August	3,779	2,639	1,934	8,352	52	3,443	3,154	1,310	7,959	16,311
Sept	4,197	2,723	1,919	8,839	125	3,233	3,215	1,427	8,000	16,839
Oct	4,244	2,813	1,814	8,871	72	3,333	3,166	1,449	8,020	16,891
Nov	4,188	3,125	1,942	9,255	60	3,030	3,242	451	6,783	16,038
Dec	3,689	3,311	2,084	9,084	48	3,094	3,531	204	6,877	15,961

There are 6,877 breaches of the target of 13 weeks in December. There is an increase of 94 in December over the number of breaches in November. The overall numbers being referred for routine colonoscopy are increasing and the proportion of those waiting over 12 months has decreased from 8% in August to 1.3% in December. An Endoscopy Improvement Working Group has been established to define and co-ordinate improvement actions across all hospitals.

Delayed Discharge and Emergency Task Force Initiatives

Delayed Discharges

The delayed discharge figure at the end of December was 509, down from the November figure of 558. The number of bed days lost through Delayed Discharge has reduced by 24.7% since January – a gain of 5,432 bed days.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
Delayed Discharges	728	705	715	697	675	626	557	577	609	570	558	509	500

Delayed Discharge Initiative

As part of the Delayed Discharge Initiative an additional €25m was provided and the following service improvements have taken place:

- 300 additional NHSS places are now operational
- 50 additional ring fenced short stay residential beds opened
- In addition, 65 short stay beds have also opened up and are being used in Mount Carmel
- An additional 400 Home Care Packages are being utilised by Hospitals to alleviate delayed discharges.
- The Community Intervention Teams service has been extended across the greater Dublin area and to Louth, Meath and Kildare to support the Acute Hospitals.

Emergency Department Taskforce Initiative

As part of the Emergency Department Taskforce Initiative an additional €74m has been provided and the following service improvements have taken place:

NHSS

- 300 additional NHSS places, (funded under the €10m provided in December 2014) are operational and 713 of the additional 2015 planned 1,604 NHSS places are now operational
- The number on the placement list waiting for NHSS approval has reduced to 358 (target 550 – 580).
- The waiting time for approval is being maintained at no more than 4 weeks

Transitional beds

- 1,513 additional transitional care beds have been approved for people being discharged from acute care.
- 4,183 people have availed of transitional care beds since April this is significantly above the target of 500 placements.

Public & Private beds

149 additional public beds and 24 additional private contracted beds are operational

National Ambulance Service

- AS1 (112/999 emergency and urgent calls) and AS2 (urgent calls received from a general practitioner or other medical sources) calls received were 24,952, up 4% (9,360) year to date.
- ECHO calls (life-threatening cardiac or respiratory arrest) are up 19% (544) year to date. ECHO incidents responded to within the target timeframe of 18 minutes and 59 seconds was 70% (down 6% from last month).
- DELTA (life threatening illness or injury, other than cardiac or respiratory arrest) activity is up 10% (8,205) year to date. DELTA incidents responded to within the target timeframe of minutes and 59 seconds was 61% (down 1% last month).

Total of AS1 and AS2 (Emergency Ambulance) calls – including ECHO and DELTA

	Feb-15	Mar-15	April-15	May-15	June-15	July-15	Aug-15	Sept-15	Oct 15	Nov - 15
North Leinster	7,794	8,366	7,660	8,302	7,807	7,801	7,859	7,826	7,943	7,896
Dublin Fire Brigade	5,624	6,234	5,929	6,413	6,241	6,273	6,292	6,449	6,583	6,270
South	5,215	5,531	5,290	5,665	5,550	5,203	5,705	5,453	5,746	5,388
West	4,931	5,494	5,194	5,441	5,397	5,376	5,595	5,315	5,572	5,398
National	23,564	25,625	24,073	25,821	24,995	24,653	25,451	25,043	25,844	24,952

NAS activity between January and November includes:

- 399 Emergency Aero Medical Service calls, 394 Irish Coast Guard calls, 103 Air Ambulance calls

- Transfers: 72 adult transplant patient transfers, 576 Neonatal Retrievals; 81 Paediatric Retrievals; 96 Mobile Intensive Care; 77 transfers via the Children's Ambulance Service.
- Support for 134 Community First Responder Groups in 18 counties nationally(static with last month) and 1,693 YTD CFR engagements

Patient transfer Calls and proportion dealt with by Intermediate Care Vehicles

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
Number of Patient Transfer Calls	3,857	3,393	3,571	3,387	3,005	3,037	2,996	2,810	2,661	2,605	2,214
ICV	2,954	2,601	2,724	2,793	2,368	2,453	2,400	2,324	2,221	2,303	1,907
% ICV Transfer	77%	77%	76%	82%	79%	81%	80%	83%	83%	88%	86%

Community Healthcare

Health and Wellbeing

Immunisations and Vaccines

- September result shows the percentage of children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine was 92.9%.
- The percentage of children YTD aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3) hepatitis B (HepB3) (6 in 1) was 91.4% YTD.
- 87.5% of children aged 24 months received 3 doses Meningococcal C (MenC3) vaccine YTD, (target 95%).

Child Health

- December 2015 96.9% of newborn babies were visited by a PHN within 72 hours of hospital discharge and 97.5% YTD, this is in line with target (97%).
- November 2015 result: 94.1% (5,228 out of 5,556) of children reaching 10 months have completed their child health developmental screening.
- December 2015 54.8% of babies breastfed (exclusively and not exclusively) at first PHN visit and 36.2% were breastfed (exclusively and not exclusively) at 3 month PHN visit in December.

Tobacco

- In December 2015, 635 smokers received intensive cessation support from a cessation counsellor, YTD 11,949 smokers have received support (Target YTD 9,000).
- The number of frontline healthcare staff trained in brief intervention smoking cessation during December is 94 and 1,279 YTD. (Target YTD 1,350).

- The number of sales to minors, test purchases carried out year end to December was 540, 12.5% ahead of the year end target (480).

Screening

- In December 9,312 women have had a mammogram screen as part of BreastCheck screening, 144,701 women have been screened during 2015, 3.4% above year end target. (Target Year End 140,000).
- 12,859 women had a CervicalCheck screen in a primary care setting in December and 249,908 at year end. (Target Year End 271,000).
- In December 14,922 invites were sent to clients to participate in BowelScreen. 223,487 clients were invited during 2015. (Target Year End 200,000).
- 5,535 clients participated in Diabetic RetinaScreen during December and 76,248 have participated at year end. (Target Year End 78,300).

Environmental Health

- 36,304 planned, and planned surveillance inspections of food businesses were carried out in 2015, 10% ahead of target.
- The number of inspections of sunbed establishments was 36 in Q4 and 492 sunbed inspections at year end, 23% ahead of target.

Primary Care

Medical Cards

As of 20th January there are 616 persons with a medical card application on hold where the date of receipt of the application at the NMCU is > 3m and where the application is with the NMCU for further processing.

Under 6 and over 70s GP Visit Cards

- The under 6's GP visit cards became available on 1st July 2015 and 227,941 cards have been issued as at 20th January, 2016.
- The over 70's GP visit cards became available on 1st August 2015 and 51,118 cards have been issued as at 20th January, 2016.

Community Intervention Teams

€2m additional funding to support Community Intervention Teams

The CIT service has been extended across the greater Dublin area and to Louth, Meath and Kildare to support the Acute Hospitals. December activity was 2,142 bringing the YTD position to 19,675, an increase in CIT activity of 34% compared with the same period last year. A new CIT service commenced in Waterford on 14/12/15 and received 23 referrals in December.

Mental Health

CAMHS Waiting List by time bands 2015

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Total no. to be seen	2,886	3,001	3,206	3,078	3,110	2,909	2,542	2,240	2,309	2,252	2,273	2,298
Total no. to be seen (0-3 months)	1,199	1,300	1,405	1,339	1,381	1,174	1,045	781	990	1,001	1,096	1,166
Wait List (i.e. those waiting >3 months)	1,687	1,701	1,801	1,739	1,729	1,735	1,497	1,459	1,319	1,251	1,177	1,132
No. on waiting list for first appointment at end of each month by wait time												
No on CAMHS waiting list (3-6 months)	535	610	648	661	693	781	679	641	550	464	412	387
No on CAMHS waiting list (6-9 months)	377	342	375	377	434	404	354	356	345	374	363	321
No on CAMHS waiting list (9-12 months)	346	311	299	242	219	174	164	221	210	191	195	243
No on CAMHS waiting list (> 12 months) (Zero Tolerance)	429	438	479	459	383	376	300	241	214	222	207	181

The numbers waiting over 12 months dropped this month to the lowest level in 2015. There are 181 individuals waiting over 12 months in December 2015 compared to 459 in April 2015, when a Wait list initiative began, resulting in a reduction of 60.5%.

Admission of Children to Child Adolescent Acute Inpatient Units (CAMHS)

Between January and December 2015, 356 young people received acute inpatient mental health care. Of these 261 were admitted to child and adolescent mental health units directly and 95 (26.7%) were initially admitted to an adult unit. Of the 95, nine (9.5%) were aged 16 or younger.

Between January and December 2014, 290 young people received acute inpatient mental health care. Of these 201 were admitted to child and adolescent mental health units directly and 89 (30.7%) were initially admitted to an adult unit. Of the 89, ten (10.1%) were aged 16 or younger.

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by December 2015, 73.4% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

Mental Health Services: 2015 Operational Plan Targets													
Performance Area		Outturn 2014.	2015 Target / EA	2015 Target / EA.	Aug-15	Sept-15	Oct-15	Nov-15	Dec-15	Year to date 2015	% var YTD v Tgt / EA YTD	Same period last year 2014.	% var YTD 2015 v YTD 2014
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units													
Total	National	201	231	231	25	24	25	22	20	261	13.0%	201	29.9%
No. of children / adolescents admitted to adult HSE mental health inpatient units													
Total	National	89	30	30	10	5	10	6	5	95	>100%	89	7.1%
i). <16 years	National	9	0	0	2	1	2	1	1	9	>100%	9	0%
ii). <17 years	National	27	0	0	1	2	1	2	1	33	>100%	27	28%
iii). <18 years	National	53	30	25	7	2	7	3	3	53	100%	53	-2%

Of the 95 children admitted to Adult Approved Centres up to December, 88 or 90.5% were 16/17 years old with 41.1% (39) of these discharged either the same day or within 3 days and 65.3% (62) within a week.

All admissions of young people under the age of 18 years are notified to the Mental Health Commission in accordance with regulations. All such admissions are also notified to a CAMHS Service Improvement lead within the Mental Health division. The CAMHS Service Improvement Lead works closely with local CAMHS in-patient services to ensure that the clinical needs of the young person are assessed and addressed within the most appropriate setting for that young person and their family.

Mental Health Services - Adult and Older Persons

The General Adult Community Mental Health Teams are exceeding the 90% target for the year to date (92.6%) in offering a first appointment within 12 weeks.

73.6% of accepted referrals to the General Adult Community Mental Health Teams in December were offered a first appointment and seen within 12 weeks which is below the 75% target. A contributory factor in December is a significant 'did not attend' (DNA) rate of 21%.

In December, 95.8% of the Psychiatry of Old Age teams nationally offered a first appointment within 12 weeks with a YTD position at 97.9%.

In December, 94.2% of accepted referrals to Psychiatry of Old Age Teams nationally were seen within 12 weeks against a 95% target with a YTD position at 95.4%.

Child and Adolescent Mental Health

77.9% of referrals accepted by CAMHS Teams were offered a first appointment within 12 weeks in December which is slightly below the targeted performance of 78%. Year to date is 76.4% which could be attributed to the focus on reducing the Waiting List

In December 2015, 62.8% of referrals nationally were offered a first appointment and seen within 12 weeks with YTD performance of 67%. This is behind the target of 72%. The national 'did not attend' (DNA) rate was 22% in December.

In December, CAMHS Teams continued to implement the waiting list initiative with resources focussed on addressing the waiting lists over 12 months.

In December, there were 1,132 children and adolescents waiting for a first appointment for longer than three months, of which 181 children or adolescents were waiting more than 12 months representing an decrease of 26 or 12.6% compared to November 2015.

In 2008, 25% of children who received acute inpatient mental health care were admitted to Child & Adolescent Acute Inpatient Units, by December 2015, 73.4% of children who were admitted were admitted to Child & Adolescent Acute Inpatient Units.

Social Care

Disability Services

RT Training

The number of rehabilitative training places is exactly on target YTD at 2,583. There were 2,847 people with a disability in receipt of Rehabilitative Training in December 2015 (0.8% below target). The slightly below target number of people in training reflects the fact that larger numbers of new entrants are availing of a full time placement, with fewer 'part-time' placements.

School Leavers

98% of school leavers and RT graduates have received a placement which meets their needs (2% below target). All people that requested a service in 2015 have been offered a service. However, there are outstanding issues in CHO 9 where some people are getting an interim service and they are not happy with the permanent service that is on offer. As a result of this, the % of School Leavers and RT Graduates who have received a placement that meets their needs is currently 98% for 2015.

Disability Act Compliance

Children's disability services continue to struggle to complete Assessments of Need in line with timelines outlined in the Disability Act 2005. 31.2% of assessments YTD were completed within the timelines, -68.8% below target. There has been a decrease of 9.8%, between Q3 and Q4, however it is important to note that the demand for assessments has increased by 18.5%, 910 additional requests, over the last twelve months.

Since a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1st June 2002, the number of children over five years of age, and therefore of school-going age, has risen steadily as a percentage of all applications received. At the 4th quarter applications from persons aged 5 and over stood at 44.4% of total applications received.

Congregated Settings

Throughout 2015 all CHO Areas have been working towards their target, as part of the national end of year target of 150 people to transition from congregated to community settings. A total of 137 people have transitioned from congregated to community settings year to date which is -8.6% below target. The target of 150 was not fully met due to blockages and delays that arose throughout the year in relation to changing need, HIQA compliance and registration and accessing suitable appropriate accommodation. It is envisaged that the remaining 13 individuals will complete their transition in 2016.

Older Persons

Home Care Services for Elderly Persons

- 47,891 People were in receipt of Home Help Services at the end of December 2015 (under expected level of activity by 2,109) in line with 2014 level.
- The number of persons in receipt of Home Help at a point in time is dependent on assessed need of individual clients. If small numbers require high levels of service then the number in

receipt will be low and vice versa. Accordingly this is an expected level of activity indicator rather than a target.

- 10,456,801 home help hours have been provided YTD, 1.5% above the expected service level of activity (expected activity YTD 10,300,000). Projected outturn 10.437m hours has been provided for in 2016 NSP. The Home Help Service will require careful management in 2016 as the challenge will be to maintain this level of support and activity to growing numbers of dependent people many of who require services outside of the core times at an increased cost to the service.

Home Care Package (HCP)

- 15,274 people were in receipt of a Home Care Package at the end of December 2015 (expected activity 13,200) (expected activity 13,800 including Delayed Discharges Initiative HCPs). Intensive Home Care Package (IHCP)
- In addition, 195 intensive home care packages were provided in December 2015 facilitating patients with very high level of dependency/complex needs to return home after an acute episode of care. In the absence of these IHCPs these patients would have remained in hospital as a delayed discharge or had to go to long term nursing home care.
- Home help (HH) and home care package (HCP) services have responded in a flexible manner throughout 2015 to meet the immediate needs of priority cases within the growing older population and in a way that supports hospital discharges as a priority. 15,274 people were in receipt of a HCP at the end of December 2015, 15.7% above target for the year. In addition, 195 Intensive Home Care Packages were provided in 2015 to assist patients with very high levels of complexity/dependency to return home rather than remain in acute hospitals as delayed discharges or move to long term care. 10.4 million HH hours were provided in 2015 (1.5% above target) reflective of the increased demand for the service.
- Skill Mix – Reduction in direct care cost per bed
Ongoing discussions are taking place with unions with regard to reducing the direct care cost per bed in residential care services. No agreement has been reached however it is anticipated that a consensus on skill mix will be finalised in early 2016.

Elder Abuse

- In December 100% of active Elder Abuse cases were reviewed within six months, which is above the target of 90%.

NHSS Overview: New Applicants, Placement List, Total Funded, Total New Clients									
Month 2015	No. of new applicants	National placement list for funding approval	Total no. people funded under NHSS in LTRC	Private Units			Public Units		
				No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase	No. of new patients entering scheme	No. of patients Leaving NHSS	Net Increase
YTD 2015	9,996	358	23,073	6,663	5,563	1,100	1,836	1,859	-23
Dec-15	779	358	23,073	498	463	35	145	156	-11
Dec-14	671	1411	22,360	654	356	298	201	132	69

Note: In addition to the above there were a further 364 leavers (16 in December) from Contract Beds/Subvention/Section 39 savers beds.

There is a net increase of 24 new clients (private and public units) entering scheme in December 2015 compared to a net increase of 367 in December 2014.

Financial Overview

The Letter of Determination received by the HSE on 31st of October 2014 provided an increase of €625m or 5.4% in funding for 2015. The HSE's 2015 National Service Plan made clear that when account was taken of the 2014 projected net expenditure deficit of €510m this allowed the health services net costs to increase by €115m. The actual outturn against the €510m projected deficit was €18m higher in relation to increased pension costs, €5m relating to demand led local schemes and €16m relating to demand driven pressure in our Acute Hospitals. This had the combined effect of only allowing net costs to increase by less than €80m in 2015.

After receipt of supplementary funding the HSE's final financial position for 2015, prepared on an income and expenditure basis (I&E), shows net expenditure of €12.823 billion against the available budget reported at €12.811 billion. This gives rise to an I/E deficit for the year of €11.8m which represents 0.09% of the total available budget. Of this €18m, or the equivalent of 0.14% of the total available budget, is in respect of greater than expected payments on pensions and demand led services. Within this category the State Claims Agency's deficit was €16m due to greater than expected payments under this heading.

Human Resources Overview

Absence Rates in the Health Sector to November 2015

	Target	Nov 2014	2014 Total	Oct 2015	Nov 2015	YTD 2015	% Medically Certified (November 2015)	% Medically Certified (YTD 2015)
Absence Rates	3.50%	4.10%	4.27%	4.12%	4.31%	4.20%	87.78%	87%

Latest monthly figures (November 2015)

- The November rate at 4.31% is up on the October rate and is the second lowest November rate. Previous November rates were 5.37% (2008), 5.45% (2009), 4.61% (2010), 5.01% (2011), 4.66% (2012), 4.55% (2013) and 4.10% (2014).

Annual Rate for 2015 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.
- November 2015 absence rate stands at 4.31% marginally up from a rate of 4.10% for November 2014.
- The 2015 YTD rate is 4.20%, and puts the Health Services generally in- line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to July 2015 recorded an overall rate of 4.25%. Scotland's NHS absence rate for similar period was 5.04% while in Wales the rate recorded was 5.0%
- Annual rates; 2008 – 5.76%, 2009 – 5.05%, 2010 – 4.70%, 2011 – 4.90%, 2012 – 4.79%, 2013 – 4.73%, 2014 – 4.37% and YTD 2015 – 4.20%
- The notional/opportunity cost of absenteeism for the health services for 2014, using DPER methodology, was assessed as being of the order of €150 million.

European Working Time Directive

- Compliance with a maximum 48 hour week is at 77% as of end December, unchanged since November 2015.
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - up 2% since November. This represents a return to standard figures and likely reflects inclusion of amended St Vincent's data.

Quality & Safety

Quality & Safety

Quality Assurance and Verification

Some key developments across the Division during December 2015 include:

Serious Reportable Events

Progress on reporting and investigation of SREs continues to be monitored on a monthly basis. The total number of SREs recorded for the period March 2014 to December 2015 was **288**.

Division	Total Sept 2015	Total Oct 2015	Total Nov 2015	Additions Dec 2015	Total
Acute Hospitals	174	191	197	9	206
Mental Health	28	30	34	3	37
Social Care	30	35	38	5	43
Other	1	1	1	1	2
Health and Wellbeing	0	0	0	0	0
Total	233	257	270	18	288

Guidelines for Systems Analysis Investigation of Incidents

A revision of the HSE's approach to Systems Analysis Investigation of Incidents (2012) was completed and a revised manual for investigation of incidents has been developed. The HSE Guidelines for conducting Look-back Reviews were also updated during December 2015.

Safety Incident Management

The National Incident Management and Learning Team continue to deliver training in Safety Incident Management and System Analysis Investigations. During December 2015, **37** staff received training in System Analysis Investigation and a total of **296** staff received Incident Management Training during 2015.

Complaints

Complaints Management Module

The Complaints Management Module of the National Incident Management System (NIMS) provides a comprehensive database on all issues relating to the recording and investigation of complaints. In December 2015 the early adopters of the module continue to be assessed and it is planned to roll out the module nationally in 2016.

Your Service Your Say

The National Steering Group tasked with the revision of HSE policy and procedures for Complaints Management 'Your Service Your Say' was established during December 2015.

Confidential Recipient Service

A client satisfaction survey on the Confidential Recipient Service was carried out. The purpose of this survey will be to give service users an opportunity to express their views on how they found the

service, while also identifying areas that are working well or that could be improved within the service. All service users were sent out a questionnaire in December and were given a deadline of mid-December to return their questionnaires. The survey report resulting from this questionnaire will be completed Q1 2016.

Appeals Service

The Appeals Service provides an internal, independent and impartial review of decisions taken by personnel of the HSE relating to applications by members of the public for specified services and entitlements, where applicants are dissatisfied with the outcome of their application.

During 2015 a total of **3,362** notifications of appeal were received by the Appeals Service. **3,839** appeals were processed during this time period (these include appeals carried forward from 2014) leaving a current balance of **258** open appeals.

Appeal Type	Received	Processed
Medical / GP Card (General Scheme)	2,438	2,681
Medical / GP Visit Card (Over 70s scheme)	203	403
Nursing Home Support Scheme	369	384
CSAR	48	47
Home Care Package	140	137
Home Help	33	47
Other	131	140
Total	3,362	3,839

Medical Cards (General Scheme and over 70s) made up the majority of Notifications of Appeal received by the Appeals Service, with 79% of appeals relating to medical card eligibility. The next largest group of appeals relate to statutory NHSS appeals which make up nearly 11% of all appeals received.

Health Care Audit

The Healthcare Audit team continued the programme of audit for 2015, with **51** audits completed during 2015. Audits have been undertaken in Acute Hospitals, Clinical Programmes, Social Care and the National Ambulance Service. A further **25** audits are in progress.

A review of the implementation of recommendations of audits completed in the period June 2014 to July 2015 was completed during December 2015.

Accountability Framework

In implementing the HSE's Accountability Framework 2015 the National Performance Oversight Group seeks assurance, on behalf of the Director General, that the National Directors of the Divisions are delivering against priorities and targets set out in the Service Plan and in the Performance Agreements 2015.

The performance indicators against which Divisional performance is monitored are set out in the Balance Score Cards grouped under Access, Quality, Finance and People. The key performance indicators are also included in the individual Performance Agreements between the Director General and the National Director.

Performance against the Balanced Scorecards is reported in the monthly published Performance Report. Where the data indicates underperformance in service delivery against targets and planned levels of activity, the National Performance Oversight Group explores this with the relevant National Director at the monthly performance meeting and seeks explanations and remedial actions where appropriate to resolve the issue.

As part of the Accountability Framework an Escalation and Intervention process has been developed and implemented. In the context of the Escalation Framework underperformance includes performance that:


- Places patients or service users at risk
- Fails to meet the required standards for that service
- Departs from what is considered normal practice


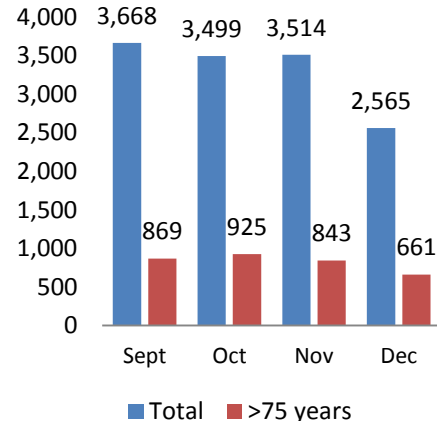
The Escalation and Intervention Framework sets clear thresholds for intervention for a number of priority Key Performance Indicators and a rules-based process for escalation at a number of different levels. Two of these levels are discussed in this report:

- **Level 4 (Black)** is at Director General level.
- **Level 3 (Red)** is at National Performance Oversight Group level
- **Level 3 (Red-Amber)** indicates performance improvement from Red Escalation


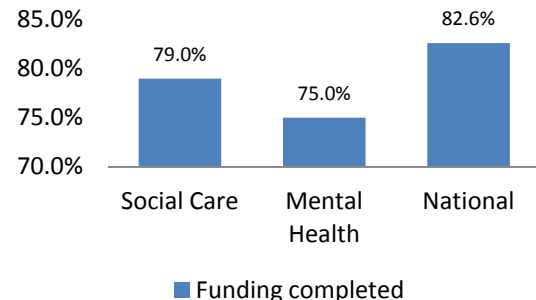
During the month of November a number of service issues have been escalated or remain in escalation. The actions taken and the progress made has also been set out in the attached table below at a summary level.


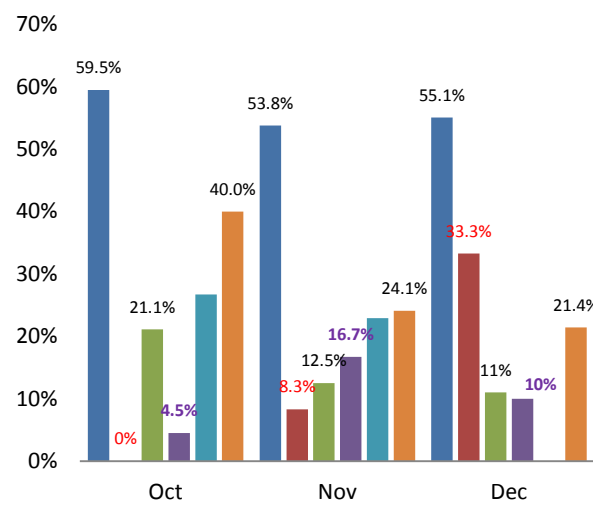
Areas of Black Escalation (Director General) Escalation & Intervention Framework 2015

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend
Serious Reportable Events (SRE) 	Acute Hospitals	Quality & Safety	Not provided to the NPOG within Q1	Escalated based on the need to supply a 'No Event Declaration'	<ul style="list-style-type: none"> The National Director Acute Hospitals will revert to the NPOG with a definitive set of actions at HG level for improving the reporting of SREs. These actions are to include (1) processes to be put in place at HG level and (2) wider communication to the hospital system. The National Director QAV indicated he would consider de-escalating to Red on the basis of new and concrete actions being identified and implemented. An audit by the QAV Division of the SRE process within hospitals has commenced. The results of the review of SREs in Bantry hospital is to be provided to the NPOG. 	

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend
<div>Patients waiting in ED for > 24 hours</div> <div></div>	Acute Hospitals	Quality & Safety	0	<div>Escalated based on continued poor performance during the month of December</div> <div>2,565 patients waited > 24 hours in ED during December and 661 (25.8%) were aged over 75 years.</div>	<ul style="list-style-type: none">Clear differentiated actions are being identified for those ED sites showing improvement versus those showing deterioration in performance.NPOG and National Director to review the threshold for escalation purposes if there is a plan with a clear trajectory for improvement that is demonstrated over an agreed timeframe.	<div>Patients in ED for > 24 hours</div> <div></div>

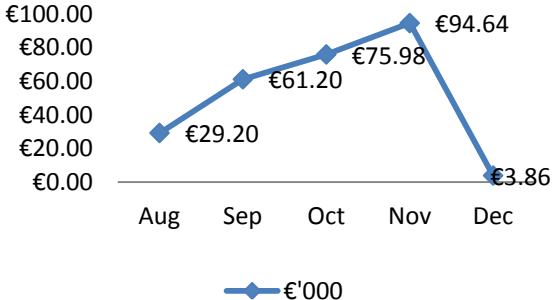
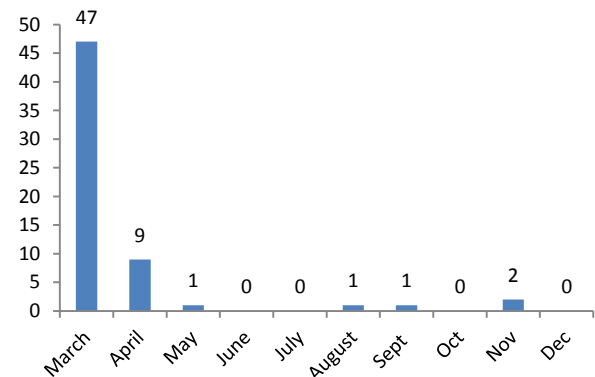
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend																		
<p>% of people waiting < 13 weeks for a routine colonoscopy/ OGD.</p> <div><div></div></div>	Acute Hospitals	Access	80% of patients received their procedure within 13 weeks	<p>Escalated based on continued poor performance in relation to performance threshold.</p> <p>In December there were 15,961 patients on the GI waiting list and 6,877 (43.9%) were waiting in excess of 13 weeks, a slight increase over November.</p>	<ul style="list-style-type: none">Demand-Capacity Analysis to be completed by the end of February to include a specific focus on Beaumont, Naas and other underperforming hospitals.The National Director Acute Hospitals to determine what additional activity the NTPF will undertake in 2016 to reduce waiting times for those waiting > 13 weeks.	<p>Routine GI Waiting List</p> <table><thead><tr><th>Month</th><th>Total Waiting List</th><th>>13 weeks</th></tr></thead><tbody><tr><td>Aug</td><td>16,311</td><td>7,959</td></tr><tr><td>Sept</td><td>16,839</td><td>8,000</td></tr><tr><td>Oct</td><td>16,891</td><td>8,020</td></tr><tr><td>Nov</td><td>16,038</td><td>6,783</td></tr><tr><td>Dec</td><td>15,961</td><td>6,877</td></tr></tbody></table>	Month	Total Waiting List	>13 weeks	Aug	16,311	7,959	Sept	16,839	8,000	Oct	16,891	8,020	Nov	16,038	6,783	Dec	15,961	6,877
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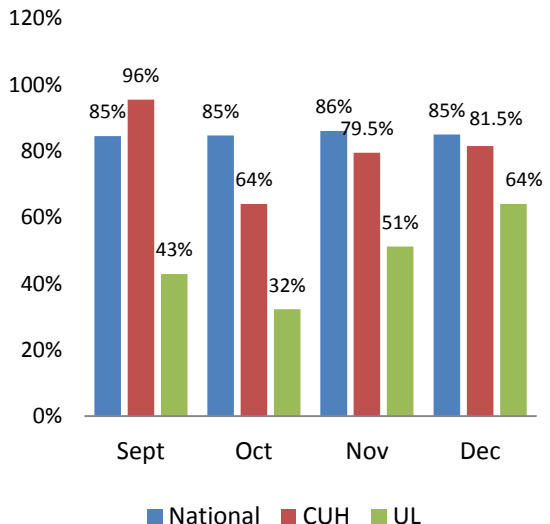
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend								
Service Level Arrangements 2015 	Social Care and Mental Health	Access Quality & Safety Finance HR		Escalated on the basis of continued poor performance	<ul style="list-style-type: none">There is ongoing engagement with S38 Agencies in relation to the completion of Service Arrangements.Social Care completion rates have improved from 57% in November to 79% in December.Mental Health completion rates have improved from 65% in November to 75% in December.	<p>Completion - Service Arrangements <i>(As at 26th Jan 2016)</i></p>  <table><caption>Completion - Service Arrangements (As at 26th Jan 2016)</caption><thead><tr><th>Category</th><th>Completion Rate</th></tr></thead><tbody><tr><td>Social Care</td><td>79.0%</td></tr><tr><td>Mental Health</td><td>75.0%</td></tr><tr><td>National</td><td>82.6%</td></tr></tbody></table> <p>■ Funding completed</p>	Category	Completion Rate	Social Care	79.0%	Mental Health	75.0%	National	82.6%
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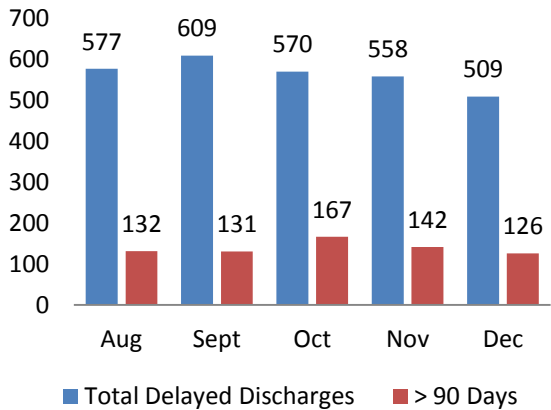

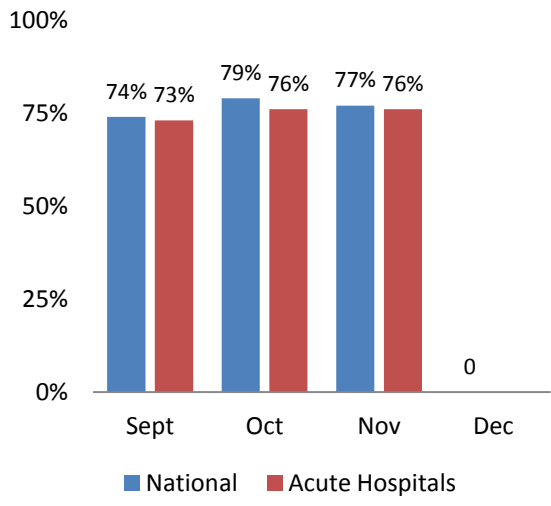
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for BLACK Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend																												
Prostate Cancer - patients to be seen within 20 working days 	Acute Hospitals	Access	If the hospital or HG falls below <80% for 3 consecutive months or has missing data for 2 consecutive months	Escalated due to continued poor performance. Cork, Waterford, Limerick , St. James's and Beaumont have performed below the 80% threshold for 3 months	<p>Waterford Regional: Two new urology surgeons will be assisting with the Rapid Access Clinics for Prostate Cancer in Waterford from early 2016 with a Prostate Clinic starting the week beginning 8th February 2016.</p> <p>St. James's: As an immediate solution, St. James's Hospital is outsourcing a number of patients to the private sector and has tendered to two hospitals as an interim arrangement. The National Director NCCP will continue to work with the HG CEO to put in place a longer term solution for this service.</p> <p>Beaumont: The hospital has recently interviewed for a consultant urologist</p>	 <table border="1"> <caption>PR December Results/ Trend Data</caption> <thead> <tr> <th>Month</th> <th>National</th> <th>CUH</th> <th>WRH</th> <th>UL</th> <th>James's</th> <th>Beaumont</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td>59.5%</td> <td>0%</td> <td>21.1%</td> <td>4.5%</td> <td>26.1%</td> <td>40.0%</td> </tr> <tr> <td>Nov</td> <td>53.8%</td> <td>8.3%</td> <td>12.5%</td> <td>16.7%</td> <td>24.1%</td> <td>24.1%</td> </tr> <tr> <td>Dec</td> <td>55.1%</td> <td>33.3%</td> <td>11%</td> <td>10%</td> <td>21.4%</td> <td>21.4%</td> </tr> </tbody> </table>	Month	National	CUH	WRH	UL	James's	Beaumont	Oct	59.5%	0%	21.1%	4.5%	26.1%	40.0%	Nov	53.8%	8.3%	12.5%	16.7%	24.1%	24.1%	Dec	55.1%	33.3%	11%	10%	21.4%	21.4%
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Areas of Red Escalation (National Performance Oversight Group)


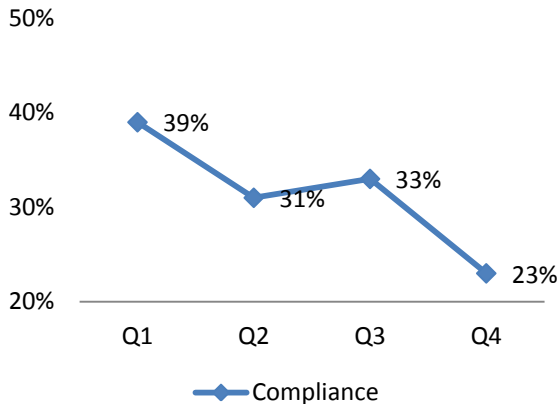
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend												
Projected net expenditure to year end <div><div></div></div>	Acute Hospital	Finance	Breakeven to 0.75% deficit	De-escalated from Black to Red escalation during December as a result of significant reduction in year end deficit due to the application of supplementary funding Year to date deficit €12.58m.	Differentiated engagement continues including restrictions on recruitment. The Director General issued an instruction to National Directors requesting that they seek formal written assurance from each Chief Officer/ HG CEO, that the community services/ hospitals under their remit relevant to each Division, have in place from 1 st February 2016 the interim control arrangements in relation to pay bill staffing and control for 2016.	<div>Year to date deficit, Acute Hospitals</div> <table><thead><tr><th>Month</th><th>Deficit (€'000)</th></tr></thead><tbody><tr><td>Aug</td><td>122.4</td></tr><tr><td>Sept</td><td>137.3</td></tr><tr><td>Oct</td><td>153.9</td></tr><tr><td>Nov</td><td>172.5</td></tr><tr><td>Dec</td><td>12.6</td></tr></tbody></table>	Month	Deficit (€'000)	Aug	122.4	Sept	137.3	Oct	153.9	Nov	172.5	Dec	12.6
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<div>Projected net expenditure to year end</div> <div><div></div></div>	Social Care	Finance	Breakeven to 0.75% deficit	<div>De-escalated from Black to Red escalation during December as a result of significant reduction in year end deficit due to the application of supplementary funding</div> <div>Year to date deficit €3.86m</div>	The Director General has issued a directive to National Directors requesting that they seek formal written assurance from each Chief Officer/ HG CEO, that the community services/ hospitals under their remit relevant to each Division, have in place from 1 st February 2016 the interim control arrangements in relation to pay bill staffing and control for 2016.	<div>Year to date deficit, Social Care</div>  <table><thead><tr><th>Month</th><th>Deficit (€'000)</th></tr></thead><tbody><tr><td>Aug</td><td>€29.20</td></tr><tr><td>Sep</td><td>€61.20</td></tr><tr><td>Oct</td><td>€75.98</td></tr><tr><td>Nov</td><td>€94.64</td></tr><tr><td>Dec</td><td>€3.86</td></tr></tbody></table>	Month	Deficit (€'000)	Aug	€29.20	Sep	€61.20	Oct	€75.98	Nov	€94.64	Dec	€3.86										
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<div>Urgent colonoscopy - % of people waiting < 4 weeks</div> <div><div></div></div>	Acute Hospitals	Access	0	<div>During December there were no breaches of the target however remains in escalation due to a number of breaches during January and 9 prospective breaches for</div>	<ul style="list-style-type: none">Based on continuing breaches for urgent colonoscopies the National Directors for Acute Hospital will issue a written instruction to HG CEOs reminding that this is a ‘zero tolerance’ target which needs to be reinforced with each hospital in their group.	 <table><thead><tr><th>Month</th><th>Breaches</th></tr></thead><tbody><tr><td>March</td><td>47</td></tr><tr><td>April</td><td>9</td></tr><tr><td>May</td><td>1</td></tr><tr><td>June</td><td>0</td></tr><tr><td>July</td><td>0</td></tr><tr><td>August</td><td>1</td></tr><tr><td>Sept</td><td>1</td></tr><tr><td>Oct</td><td>0</td></tr><tr><td>Nov</td><td>2</td></tr><tr><td>Dec</td><td>0</td></tr></tbody></table>	Month	Breaches	March	47	April	9	May	1	June	0	July	0	August	1	Sept	1	Oct	0	Nov	2	Dec	0
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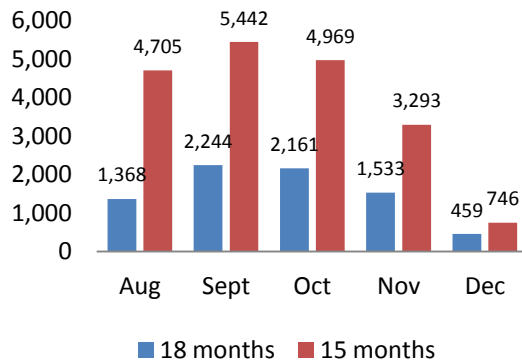

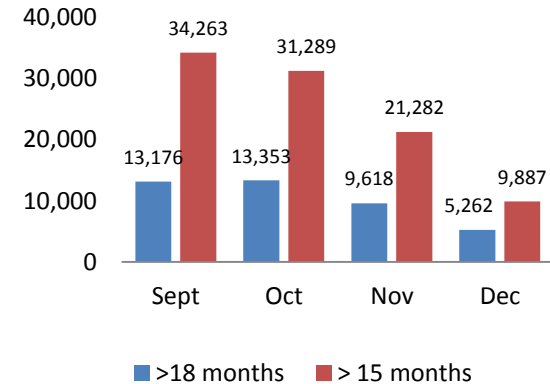
Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend																				
				week beginning 1 st February 2016																						
Lung Service - patients to be seen within 10 working days 	Acute Hospitals	Access	Hospital or HG <80% for 3 consecutive months or missing data for 2 consecutive months	Escalated based on continued poor performance for Limerick University Hospital (64%) which is below the 80% threshold	<ul style="list-style-type: none">Limerick Hospital is working with the HG CEO to distinguish between lung cancer and other respiratory referrals and this will have an impact on the dataNCCP to meet with Beaumont on this issue who showed a dip in performance during December compared to previous months.National Director NCCP to set out clear actions taken and to be taken to improve performance across underperforming sites.	 <table><caption>PR December Results/ Trend Data</caption><thead><tr><th>Month</th><th>National</th><th>CUH</th><th>UL</th></tr></thead><tbody><tr><td>Sept</td><td>85%</td><td>96%</td><td>43%</td></tr><tr><td>Oct</td><td>85%</td><td>64%</td><td>32%</td></tr><tr><td>Nov</td><td>86%</td><td>79.5%</td><td>51%</td></tr><tr><td>Dec</td><td>85%</td><td>81.5%</td><td>64%</td></tr></tbody></table>	Month	National	CUH	UL	Sept	85%	96%	43%	Oct	85%	64%	32%	Nov	86%	79.5%	51%	Dec	85%	81.5%	64%
Month	National	CUH	UL																							
Sept	85%	96%	43%																							
Oct	85%	64%	32%																							
Nov	86%	79.5%	51%																							
Dec	85%	81.5%	64%																							

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend																		
<div>Number of discharges delayed by more than 90 days</div> <div></div>	Acute Hospitals & Social Care	Access	No delayed discharges > 90 days	During December there were 126 breaches over 90 days, an improvement in performance over the previous month when 142 were delayed by over 90 days.	<ul style="list-style-type: none">The total number of delayed discharges continues to fall and is now at 509 for December.A cross divisional group, established to examine this issue has met and will continue to meet. Some patients have been successfully discharged as a result.An exercise is underway to determine the total volume and total cost required to address this issue in full.	 <table><caption>PR December Results/ Trend - Delayed Discharges</caption><thead><tr><th>Month</th><th>Total Delayed Discharges</th><th>> 90 Days</th></tr></thead><tbody><tr><td>Aug</td><td>577</td><td>132</td></tr><tr><td>Sept</td><td>609</td><td>131</td></tr><tr><td>Oct</td><td>570</td><td>167</td></tr><tr><td>Nov</td><td>558</td><td>142</td></tr><tr><td>Dec</td><td>509</td><td>126</td></tr></tbody></table>	Month	Total Delayed Discharges	> 90 Days	Aug	577	132	Sept	609	131	Oct	570	167	Nov	558	142	Dec	509	126
Month	Total Delayed Discharges	> 90 Days																						
Aug	577	132																						
Sept	609	131																						
Oct	570	167																						
Nov	558	142																						
Dec	509	126																						
<div>European Working Time Directive</div> <div></div>	Acute Hospitals	Human Resources	100% of NCHDs have a working week of 48 hours or less	Compliance remains low at 76% which is below the European standards	<ul style="list-style-type: none">The Acute Hospital Division has worked with National HR and Hospital Groups to develop a comprehensive framework plan to achieve compliance. The plan is now in the final stages of development and will be submitted to the Department of Health once finalised.The National EWTD Verification and Implementation Group met during January to	 <table><caption>PR December Results/ Trend - European Working Time Directive</caption><thead><tr><th>Month</th><th>National</th><th>Acute Hospitals</th></tr></thead><tbody><tr><td>Sept</td><td>74%</td><td>73%</td></tr><tr><td>Oct</td><td>79%</td><td>76%</td></tr><tr><td>Nov</td><td>77%</td><td>76%</td></tr><tr><td>Dec</td><td>0</td><td>0</td></tr></tbody></table>	Month	National	Acute Hospitals	Sept	74%	73%	Oct	79%	76%	Nov	77%	76%	Dec	0	0			
Month	National	Acute Hospitals																						
Sept	74%	73%																						
Oct	79%	76%																						
Nov	77%	76%																						
Dec	0	0																						

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend																	
					<p>progress this issue and continue to refine assessment in relation to the resource gap.</p> <ul style="list-style-type: none">• Bi-monthly meetings continue to take place with the IMO• Verification visits to hospitals continue.																		
<p>Properly completed Medical and GP Visit Cards not processed > 3 months</p> <div><div></div></div>	Primary Care	Access/ Quality	>3 months	<p>Escalated based on continued poor performance</p> <p>616 main over the 3 month threshold down from 1,111 in October</p>	<p>Continued progress is being made to clear the backlog of applications and it is expected that all applications will be cleared by the end of Q1 2016.</p>	<div><div></div><table><tr><td>1600</td></tr><tr><td>1200</td></tr><tr><td>800</td></tr><tr><td>400</td></tr><tr><td>0</td></tr><tr><td>July</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td></tr><tr><td>948</td><td>908</td><td>1,167</td><td>1,111</td><td>686</td><td>616</td></tr></table><div>> 3 months</div></div>	1600	1200	800	400	0	July	Aug	Sept	Oct	Nov	Dec	948	908	1,167	1,111	686	616
1600																							
1200																							
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0																							
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend										
<div>Disability Act Compliance: % of assessments completed within the timelines as provided for in the regulations</div> <div></div>	Social Care	Access/ Quality		<div>Escalated based on continued poor performance.</div> <div>Four CHOs show a significant drop in performance over the year.</div>	<ul style="list-style-type: none">Expert National Group to be established and implementation plan to be developed.	<div></div> <table><caption>Compliance Trend Data</caption><thead><tr><th>Quarter</th><th>Compliance (%)</th></tr></thead><tbody><tr><td>Q1</td><td>39%</td></tr><tr><td>Q2</td><td>31%</td></tr><tr><td>Q3</td><td>33%</td></tr><tr><td>Q4</td><td>23%</td></tr></tbody></table>	Quarter	Compliance (%)	Q1	39%	Q2	31%	Q3	33%	Q4	23%
Quarter	Compliance (%)															
Q1	39%															
Q2	31%															
Q3	33%															
Q4	23%															

Areas of Red-Amber Status (National Performance Oversight Group)

Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend																		
Adults and children waiting > 18 months for an elective procedure 	Acute Hospital	Access/ Quality	Any patient waiting > 18 months by June 2015 and >15 months by year end	During December 419 adults and 40 children were waiting longer than 18 months 673 adults and 73 children were waiting greater than 15 month.	<ul style="list-style-type: none">The HSE continues to work with the Hospital Groups to agree clearance plans to achieve full compliance with the 15 month maximum and additional funding has been provided to support in-sourcing and out-sourcing of patients waiting greater than 18 months in this first instance.Outpatient care is being purchased on an ongoing basis as part this initiative	<p>Adults & Children Inpatient & Day Case</p>  <table><caption>Adults & Children Inpatient & Day Case</caption><thead><tr><th>Month</th><th>18 months</th><th>15 months</th></tr></thead><tbody><tr><td>Aug</td><td>1,368</td><td>4,705</td></tr><tr><td>Sept</td><td>2,244</td><td>5,442</td></tr><tr><td>Oct</td><td>2,161</td><td>4,969</td></tr><tr><td>Nov</td><td>1,533</td><td>3,293</td></tr><tr><td>Dec</td><td>459</td><td>746</td></tr></tbody></table>	Month	18 months	15 months	Aug	1,368	4,705	Sept	2,244	5,442	Oct	2,161	4,969	Nov	1,533	3,293	Dec	459	746
Month	18 months	15 months																						
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Nov	1,533	3,293																						
Dec	459	746																						
Persons waiting >18 months for an OPD appointment 	Acute Hospitals	Access/ Quality	0	At the end of December 5,262 people were waiting greater than the maximum wait time of 18 months. 9,887 people were waiting > 15 month – an improvement in the month		<p>Outpatient Waiting List</p>  <table><caption>Outpatient Waiting List</caption><thead><tr><th>Month</th><th>>18 months</th><th>> 15 months</th></tr></thead><tbody><tr><td>Sept</td><td>13,176</td><td>34,263</td></tr><tr><td>Oct</td><td>13,353</td><td>31,289</td></tr><tr><td>Nov</td><td>9,618</td><td>21,282</td></tr><tr><td>Dec</td><td>5,262</td><td>9,887</td></tr></tbody></table>	Month	>18 months	> 15 months	Sept	13,176	34,263	Oct	13,353	31,289	Nov	9,618	21,282	Dec	5,262	9,887			
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Key Performance Indicators	Division	Balanced Scorecard	Escalation Threshold/ Tolerance	Reason for RED Escalation	Actions to address and mitigate underperformance	PR December Results/ Trend
				of over 11,395 waiting > 15 months		

Performance Overview by Service Provider

Performance RAG Rating

Red ● > 10% of target
Amber ● > 5% ≤ 10% of target
Green ● ≤ 5% of target
Grey ● No result expected

Finance RAG Rating

Red ● 0.5% > of target
Amber ● ≥ 0.25% < 0.5% of target
Green ● < 0.25% of target

HR – Absence

Red ● ≥ 4.73%
Amber ● ≥ 4.02% < 4.73%
Green ● < 4.02%

HR – Indicative workforce

Red ● ≥ 1.5% of target
Amber ● ≥ 0.5% < 1.5% of target
Green ● < 0.5% of target

Acute Services Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Var YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	Saolta YTD	ULH YTD	Children's YTD		National October	National November	National December
Quality & Safety	Number of SREs reported	NA	206												
	% of mandatory investigations exceeding 4 month target for completion	<10%	89%												
	Surgery – % day case for Elective Laparoscopic Cholecystectomy	>60%	39.8%	- 33.7%	51.4%	58.0%	44.7%	41.5%	15.6%	7.4%			38.0%	43.5%	40.6%
	Hip Fracture – % Emergency Surgery Within 48 hr	95.0%	84.9%	- 10.6%	92.3%	85.8%	80.5%	80.6%	89.2%	82.4%			85.6%	85.3%	87.5%
	Medical Readmission rates	<9.6%	10.7%	- 11.5%	10.9%	10.8%	11.0%	10.8%	11.2%	8.6%	2.7%		9.6%	9.9%	9.6%
	Surgical Readmission rates	<3%	2.1%	30.0%	1.8%	2.9%	2.3%	2.0%	2.1%	1.4%			2.2%	2.0%	2.0%
	Cancer Services – Symptomatic Breast, 2 weeks for Urgent referrals	95.0%	96.9%	2.0%	99.6%	97.6%	99.6%	91.4%	96.6%	98.5%			99.9%	96.9%	99.4%
	Cancer Services – Lung within 10 working days	95.0%	85.7%	-9.8%	99.0%	96.9%	97.2%	77.9%	81.0%	59.3%			84.7%	86.0%	87.3%
	Cancer Services – Prostate within 20 working days	90.0%	58.7%	- 34.8%	79.7%	61.7%	80.7%	12.9%	73.9%	22.5%			55.8%	54.1%	55.1%
	Cancer Services – Radiotherapy within 15 working days	90.0%	Data gap	-6.0%		79.8%		Data gap	85.5%				86.5%	86.5%	Data gap
Access ¹	Inpatient/Day Case waiting times – % Adult waiting < 8 months	100.0%	75.2%	- 24.8%	76.2%	74.7%	76.3%	73.6%	73.2%	81.3%			70.5%	72.8%	75.2%
	Inpatient/Day Case waiting times – % Children waiting < 20 weeks	100.0%	55.9%	- 44.1%	62.7%	49.9%	63.6%	58.4%	54.1%	51.1%	55.7%		55.9%	56.3%	55.9%
	Outpatients – % people waiting < 52 weeks	100.0%	90.1%	-9.9%	93.8%	89.2%	88.9%	88.9%	87.7%	92.8%	91.2%		84.9%	87.4%	90.1%

¹ Zero tolerance rule applied for cancer, 24 hour PET and urgent colonoscopy, Performance RAG rating rules applied to entity specific targets for surgical ALOS, surgical DOSA, hip fracture surgery & surgical bed days utilization
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		Target/ Expected Activity	National YTD	% Var YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	Saolta YTD	ULH YTD	Children's YTD
	Outpatients – New: Return ratio	1 : 2	1 : 2.6	- 30.0%	1 : 2.3	1 : 2.9	1 : 2.7	1 : 2.7	1 : 2.3	1 : 3.3	1 : 2.6
	Emergency Care – 6 hour PET	95.0%	68.2%	- 28.2%	68.7%	61.4%	61.1%	68.8%	70.1%	56.9%	89.0%
	Emergency Care – 9 hour PET	100.0%	81.7%	- 18.3%	81.6%	77.4%	75.5%	81.8%	85.0%	72.0%	96.9%
	Emergency Care – patients in ED GT 24 hours	0.0%	3.9%	-3.9%	4.9%	3.7%	6.6%	3.3%	2.5%	7.2%	0.3%
	Surgical DOSA	70.0%	68.8%	-1.7%	80.4%	58.0%	56.7%	72.7%	60.3%	79.3%	
	Surgical – Reduction in bed days utilization	6.8%	10.5%	- 54.4%	10.0%	8.0%	9.3%	9.9%	14.0%	16.8%	
	GI – % waiting < 13 weeks routine colonoscopy/OGD	100.0%	56.9%	- 43.1%	47.9%	42.5%	47.8%	66.7%	77.0%	82.4%	58.0%
	Colonoscopy – % waiting < 4 weeks urgent colonoscopy	100.0%	100%	0	100%	100%	100%	100%	100%	100%	100%
	Delayed Discharges	15% reduction	16.7%	16.7%	21.6%	9.2%	2.4%	3.1%	-44.8%	44.0%	
	Ambulance Turnaround times – 60 minutes	100%	95.1%	0.2%							
	ALOS – Medical	5.8	7.0	0.2%	7.2	8.6	7.6	6.1	6.4	5.5	
	ALOS – Surgical	5.1	5.4	-4.9%	6.1	5.4	6	4.6	4.7	4.6	

National October	National November	National December
1 : 2.6	1 : 2.6	1 : 2.6
68.8%	69.1%	68.6%
82.2%	82.7%	83.0%
3.7%	3.5%	2.7%
67.2%	68.2%	66.6%
11.8%	11.4%	10.1%
52.5%	57.7%	56.9%
100.0%	99.9%	100.0%
6.7%	8.7%	16.7%
6.5	6.3	6.2
5.4	5.4	5.8

Acute Services Balanced Score Card Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Ireland East YTD	Dublin Midlands YTD	RCSI YTD	South South West YTD	ULH YTD	Saolta YTD	Children's YTD
Finance	Net Expenditure variance from plan (excluding Regional and National Services)	€4,173,099	€4,199,974	€26,875	0.64%	-0.25%	0.81%	1.14%	-0.78%	0.39%	3.42%	-1.28%
	Pay (excl Superannuation Pay)	€3,346,606	€3,403,741	€57,135	1.71%	0.81%	0.98%	2.29%	1.65%	3.18%	3.27%	-0.01%
	Pay (Agency)	€151,029	€207,519	€56,490	37.40%	8.47%	66.77%	17.53%	62.88%	23.18%	65.36%	169.31%
	Pay (Overtime)	€151,163	€165,569	€14,405	9.53%	11.84%	20.46%	7.16%	2.32%	27.70%	1.50%	6.25%
	Non Pay (incl procurement savings)	€1,596,414	€1,626,108	€29,694	1.86%	2.62%	1.98%	-1.74%	3.84%	3.55%	2.70%	-2.65%
	Income	-€883,667	-€945,183	-€61,517	6.96%	8.08%	3.38%	1.27%	17.20%	16.71%	0.66%	1.68%
	Regional and National Services	€39,683	€25,665	-€14,018	-35.32%							
	Net Expenditure variance from plan (including Regional and National Services)	€4,212,782	€4,225,639	€12,857	0.31%							
	NCCP	€2,504	€2,723	€219	8.74%							
	% and number of 2015 Service Arrangements signed	100%	82.4% 14		17.6%							
	€ value of 2015 Service Arrangements signed	100%	€4,438,383 83.9%		16.1%							
HR	Absence Rates - Medical/Dental	3.5%	0.84%	2.66%	-76.00%	0.80%	0.86%	0.80%	0.87%	0.70%	0.79%	1.34%
	Absence Rates– Nursing	3.5%	4.35%	-0.85%	24.29%	3.78%	3.89%	4.75%	4.46%	5.29%	4.61%	4.42%
	Absence Rates- Health and Social Care Professional	3.5%	2.91%	0.59%	-16.86%	2.83%	2.40%	2.86%	3.32%	3.53%	2.97%	3.28%
	Absence Rates - Management/Admin	3.5%	3.71%	-0.21%	6.00%	3.55%	3.76%	4.00%	3.30%	4.24%	3.75%	3.72%
	Absence Rates - General Support staff	3.5%	5.09%	-1.59%	45.43%	5.33%	4.46%	4.60%	5.02%	6.45%	5.06%	7.42%
	Absence Rates - Other Patient and Client staff	3.5%	5.71%	-2.21%	63.14%	5.07%	5.95%	5.74%	4.25%	8.26%	5.51%	5.91%
	Absence Rates- Total	3.5%	3.79%	-0.29%	8.29%	3.52%	3.53%	3.81%	3.78%	4.92%	3.88%	3.98%
	Variance from Indicative workforce	49,631	52,539	2,908	5.86%	6.7%	3.7%	8.1%	5.1%	11.2%	5.0%	2.6%
	EDWT ² - <24 hour shift	100%	97%		4%	97%	98%	95%	99%	92%	*95%	91%
	EDWT - <48 hour working week	100%	76%		24%	75%	63%	60%	89%	97%	86%	70%

² EWTD compliance is calculated on returns from 39 out of 40 hospitals
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National Ambulance Services Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	North Leinster YTD	Dublin Fire Brigade YTD	South YTD	West YTD	National October	National November	National December
Quality & Safety	Number of SREs reported	NA	1								
	% of mandatory investigations exceeding 4 month target for completion	<10%	100%								
	% of control centres that carry out Advanced Quality Assurance Audits	100%	100%	0%							
	Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	40%	42%	4%							
Access	Emergency Response - % of Clinical Status 1 ECHO responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	77%	-4%	78%	82%	74%	70%			
	Emergency Response - % of Clinical Status 1 DELTA responded to by a patient carrying vehicle in 18 minutes 59 seconds or less	80%	65%	-18%	67%	67%	63%	63%			
	Intermediate Care Services	70%	86%	16%							
	% delays escalated where ambulance crews were not cleared nationally in 60 in line with the process / flow path in the ambulance turnaround framework	100%	79%	-21%							

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	North Leinster YTD	Dublin Fire Brigade YTD	South YTD	West YTD
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€144,139	€145,537	€1,399	0.97%				
	Pay (excl superannuation pay)	€106,470	€106,931	€461	0.43%				
	Pay – Agency	€0	€528	€528	100%				
	Pay – Overtime	€5,916	€16,184	€10,268	173.57%				
	Non-pay (incl procurement savings)	€37,893	€38,833	€940	2.48%				
	Income	-€225	-€226	-€2	0.77%				
HR	Absence Rates - Management/Admin	3.5%	2.60%	0.90%	-25.71%	1.56%		5.82%	2.70%
	Absence Rates - General Support staff	3.5%	3.80%	-0.30%	8.57%	4.20%		0.53%	4.60%
	Absence Rates - Other Patient and Client staff	3.5%	5.63%	-2.13%	60.86%	6.14%		4.44%	5.51%
	Absence Rates - Total	3.5%	5.34%	-1.84%	52.57%	5.78%		4.11%	5.39%
	Variance from Indicative workforce	1,611	1,694	83	5.17%				

Community Healthcare Balanced Score Card – Absenteeism

		Target YTD	Actual YTD	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
HR ³	Absence Rates - Medical/Dental	3.50%	2.20%	1.30%	-37.14%	1.61%	1.86%	1.68%	2.03%	1.42%	4.60%	2.66%	1.60%	2.74%
	Absence Rates – Nursing	3.50%	4.86%	-1.36%	38.86%	5.63%	5.18%	6.00%	3.86%	5.08%	4.03%	4.82%	5.60%	4.07%
	Absence Rates - Health and Social Care Professional	3.50%	3.65%	-0.15%	4.29%	4.86%	3.40%	3.83%	3.59%	3.98%	3.50%	3.29%	3.87%	3.36%
	Absence Rates - Management/Admin	3.50%	4.24%	-0.74%	21.14%	4.41%	4.20%	4.02%	3.67%	3.50%	3.59%	4.40%	5.02%	4.23%
	Absence Rates - General Support staff	3.50%	5.04%	-1.54%	44.00%	6.55%	4.68%	4.28%	3.84%	5.80%	3.61%	5.83%	5.59%	4.81%
	Absence Rates - Other Patient and Client staff	3.50%	5.23%	-1.73%	49.43%	6.89%	4.89%	5.59%	4.18%	4.85%	3.85%	5.15%	6.11%	5.20%
	Absence Rates- Total	3.50%	4.63%	-1.13%	32.29%	5.75%	4.48%	5.02%	3.85%	4.66%	3.84%	4.76%	5.28%	4.18%

³ Absenteeism results provided include Primary Care, Mental Health and Social Care divisions
Health Service Performance Report December 2015

Health & Wellbeing Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth , Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National October	National November	National December
Quality & Safety	Number of SREs reported	NA	0													
	% of mandatory investigations exceeding 4 month target for completion	<10%	0													
	% of healthcare workers (flu vaccine) 40%	40%	23.4% Acute 25.7% comm	-41.5% -35.8%												
	Environmental Health - No. of planned surveillance inspections of food business	33,000	36,304	10%												
Access	Child Health - development at 10 months	95%	93.7%	-1.4%	96.2%	95.3%	91.8%	94.7%	94.1%	90.4%	92.4%	92.7%	95.5%	94.8%	94.8%	94.1%
	Child Health – PHN visit in 72 hours	97%	97.5%	0.5%	96.8%	99.5%	94.1%	99.6%	100.7%	96.8%	97.6%	95.7%	96.3%			96.9%
	Child health - % of children aged 12 months who receive the 6 in 1 vaccine	95%	91.4%	-3.8%	93.2%	94.8%	91.3%	89.9%	91.9%	91.2%	91.1%	93.2%	88.4%			91.4%
	BreastCheck screening	140,000	144,701	3.4%										13,003	13,659	9,312
	CervicalCheck screening	271,000	249,908	-7.8%										20,065	19,743	12,859
	Diabetic Retina Screening	78,300	76,248	-2.6%										6,929	6,375	5,535
	Tobacco Control (intensive cessation support) ⁴	9,000	11,949	32.8%	2,136	0	394	849	246	825	1,878	1,065	1,719	1,344	944	635

⁴ National figures include the National Quitline result of 2,837

Health & Wellbeing Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€192,390	€179,058	-€13,332	-6.93%									
	Pay (excl superannuation pay)	€93,450	€89,480	-€3,970	-4.25%									
	Pay – Agency	€1,231	€1,296	€65	5.27%									
	Pay – Overtime	€291	€290	-€1	-0.34%									
	Non-pay (incl procurement savings)	€105,097	€95,737	-€9,360	-8.91%									
	Income	-€6,157	-€6,159	-€1	0.02%									
	% and number of 2015 Service Arrangements signed	100%	95.4% 144		4.6%									
	€ value of 2015 Service Arrangements signed	100%	96.2% €9,611		3.8%									
HR	Variance from Indicative workforce	1,279	1,283	4	0.30%									

Primary Care Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National October	National November	National December
Quality & Safety	Number of SREs reported	NA	1													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	0%													
	Physiotherapy within 12 weeks	80%	Data Gap		85.8%	76.4%	82.2%	90.0%	Data Gap	82.2%	81.8%	92.1%	61.1%	Data Gap	Data Gap	Data Gap
	Occupational Therapy within 12 weeks	80%	Data Gap		88.6%	84.8%	87.9%	62.3%	Data Gap	88.5%	70.7%	86.7%	67.3%	Data Gap	Data Gap	Data Gap
	% of properly completed Medical/GP Visit Card applications processed within the 15 day turnaround	90%	99.8%	10.9%										99.5%	99.3%	99.8%
	% of Medical Cards/GP Visit Card applications, assigned for medical Officer review, processed within 5 days	90%	99.7%	10.8%										78.7%	94.7%	99.7%
Access	Opioid substitution treatment (outside prisons)	9,400	9,497	1.0%												
	Opioid substitution treatment (prisons)	490														
	CIT - Overall Activity	26,355	19,675	-25.3%		553	3,707	1,524	1,527	1,234	6,412	485	4,233	1,867	1,870	2,142
	CIT - Admission Avoidance (includes OPAT)	1,196	668	-44.1%		81	104	101	64	62	34	45	177	74	61	60
	CIT - Hospital Avoidance	14,134	11,792	-16.6%		5	2,044	571	1074	897	5,676	0	1,525	1,118	1,180	1,362
	CIT - Early Discharge (includes OPAT)	6,375	3,989	-37.4%		451	773	291	360	236	702	408	768	373	357	427
	CIT Activity – Other	4,650	3,226	-30.6%		16	786	561	29	39	0	32	1,763	302	272	293
	Number of contacts with GP OOH	959,455	980,917	2.2%										84,024	81,058	105,322

Primary Care Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€3,583,769	€3,575,333	-€8,437	-0.24%	3.33%	3.73%	1.53%	1.52%	-0.36%	1.07%	-1.11%	3.98%	1.27%
	Pay (excl superannuation)	€603,935	€595,630	-€8,305	-1.38%									
	Pay – Agency	€11,631	€17,780	€6,149	52.87%									
	Pay – Overtime	€2,964	€3,274	€309	10.43%									
	Non-pay (incl procurement savings)	€3,131,927	€3,131,007	-€920	-0.03%									
	Income	-€154,317	-€153,870	€448	-0.29%									
	Net Expenditure variance from plan - Primary Care	€752,573	€744,021	-€8,552	-1.14%									
	Net Expenditure variance from plan – Social Inclusion	€128,892	€130,558	€1,666	1.29%	2.56%	-1.04%	2.74%	1.78%	-0.17%	5.06%	0.33%	-0.62%	1.60%
	Net Expenditure variance from plan – PCRS	€2,397,239	€2,393,130	-€4,109	-0.17%									
	Net Expenditure variance from plan - Demand Led Schemes	€233,080	€235,204	€2,124	0.91%									
	% and number of 2015 Service Arrangements signed – Primary Care	100%	87.7% 278		12.3%									
	€ value of 2015 Service Arrangements signed – Primary Care	100%	97.1% €32,559		2.9%									
	% and number of 2015 Service Arrangements signed – Social Inclusion	100%	94.3% 575		5.7%									
	€ value of 2015 Service Arrangements signed – Social Inclusion	100%	95.4% €82,904		4.6%									
HR	Variance from Indicative workforce	10,344	10,442	98	0.95%									

Palliative Care Balanced Score Card

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National October	National November	National December
Access	Community Home Care - % of patients provided with a service in their place of residence within 7 days	95%	88.5%	-6.9%	92.1%	90.8%	95.5%	90.6%	98.2%	77.2%	77.2%	90.5%	78.6%	90.7%	88.5%	90.1%
	Community Home Care - No of patients in receipt of specialist palliative care in the community	3,250	3,270	-2.5%	342	386	406	503	339	239	261	425	274	3,143	3,245	3,270
	Inpatient waiting times - % of patients admitted within 7 days of referral	98%	98.0%	0%	97.8%	95.9%	100.0%	100.0%	100.0%	91.5%	97.9%		95.4%	98.7%	98.6%	97.5%
	Day Care - No of patients in receipt of specialists palliative day care services	349	329	-4.4%	9	27	38	112		40	39		64	314	337	329
	Paediatric Services - No of children in care of the Children's Palliative Care Services	320	411	28.4%	12	29	34	29	41	15	176	49	26	390	420	411

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€71,986	€72,421	€435	0.60%	6.69%	9.41%	0.21%	0.78%	-2.15%	-17.19%	-3.28%	4.54%	-0.01%
	Pay (excl superannuation pay)	€35,927	€36,641	€714	1.99%									
	Pay – Agency	€1,096	€1,198	€102	9.28%									
	Pay – Overtime	€719	€782	€63	8.77%									
	Non Pay (including procurement savings)	€44,247	€44,980	€733	1.66%									
	Income	-€9,488	-€10,648	-€1,161	12.23%									
	% of 2015 Service Arrangements signed	100%	78.3% 18		21.7%									
	€ value of 2015 Service Arrangements signed	100%	59.1% €36,020		40.9%									
HR	Variance from indicative workforce													

Mental Health Balanced Score Card – Quality/Safety & Access

		Target/ Expected Activity	National YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)	National October	National November	National December
Quality & Safety	Number of SREs reported	NA	37													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	68%													
	Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units	95%	73.3%	-22.8%										71.4%	78.6%	80.8%
	% of accepted referrals/re-referrals offered first appointment within 12 weeks/3 months by:															
	General Adult Teams	90%	92.6%	2.9%	86.9%	96.8%	96.6%	92.9%	97.4%	98.5%	88.0%	93.9%	81.3%	93.3%	92.5%	94.6%
	Psychiatry of Old Age Teams	99%	97.9%	-1.1%	92.6%	100%	100%	85.5%	100%	98.2%	97.8%	98.0%	98.8%	98.2%	97.2%	95.8%
	Child and Adolescent Community mental Health Teams	78%	Data Gap		57.5%	96.0%	87.0%	67.7%	80.5%	69.9%	Data Gap	76.6%	66.2%	75.9%	80.3%	Data gap
	% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks/3 months by:															
	General Adult Teams	75%	73.6%	-1.9%	72.5%	86.0%	70.7%	67.8%	90.0%	79.3%	71.7%	67.7%	56.2%	74.5%	74%	74.9%
	Psychiatry of Old Age Teams	95%	95.4%	0.5%	91.8%	95.6%	99.4%	68.7%	99.2%	97.7%	97.1%	92.4%	96.1%	95.8%	95.2%	94.2%
	Child and Adolescent Community Mental Health Teams	72%	Data Gap		54.2%	88.8%	86.8%	60.0%	67.5%	50.7%	Data Gap	62.2%	56.7%	69.1%	65.5%	Data gap
Access	Total no. to be seen	2,632	2,298	-12.7%	402	38	279	522	127	376	134	219	201	2,252	2,273	2,298
	Total no. to be seen (0-3 months)	1,153	1,166	1.1%	146	33	99	200	90	259	108	142	89	1,001	1,096	1,166
	Wait List (i.e. those waiting >3 months)	1,479	1,132	-23.5%	256	5	180	322	37	117	26	77	112	1,251	1,177	1,132
	No. on waiting list for first appointment at end of each month by wait time:															
	3-6 months	534	387	-27.6%	76	3	45	83	22	53	9	52	44	464	412	387
	6-9 months	331	321	-3%	69	0	61	75	13	51	3	21	28	374	363	321
	9-12 months	614	243	-60.4%	83	0	52	70	2	13	5	4	14	191	195	243
	>12 months	0	181	>100%	28	2	22	94	0	0	9	0	26	222	207	181

Mental Health Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€787,385	€780,294	-€7,091	-0.90%	2.97%	1.74%	1.95%	2.06%	2.20%	0.37%	0.86%	5.58%	0.02%
	Pay (excl superannuation pay)	€622,098	€610,812	-€11,287	-1.81%									
	Pay – Agency	€14,603	€33,992	€19,388	132.77%									
	Pay – Overtime	€15,095	€19,589	€4,494	29.77%									
	Non-pay (incl procurement savings)	€184,035	€187,089	€3,054	1.66%									
	Income	-€19,700	-€18,493	€1,206	-6.12%									
	% and number of 2015 Service Arrangements signed	100%	80% 164		20%									
	€ value of 2015 Service Arrangements signed	100%	72.4% €46,991		27.6%									
HR	Variance from Indicative workforce	9,262	9,404	142	1.53%									
	EWTD - <24 hour shift ⁵	100%	90%		10%									
	EWTD - <48 hour working week	100%	94%		6%									

⁵ EWTD results are based on returns from 19 of 29 service providers

Social Care Balanced Score Card – Quality/Safety & Access

		et/ Expe cted Activ	Natio nal YTD %	Vari ance	Urban Sligo, Leitrim	Galway, Mayo, Rosco mmon (2)	Limer ick, N Tipp , E	Limer ick, North & South	Lee Carlow	Kilken ny	East Dun Laogh aire Dublin	West Dublin South West Kildare Longlo rd, Westm eath Central Dublin North West Dublin		Ratio nal Octo ber	Ratio nal Nove mber	Ratio nal Dece mber
Quality & Safety	Number of SREs reported	NA	43													
	% of mandatory investigations exceeding 4 month target for completion	< 10%	82%													
	Disability Act Assessment completed	100%	31.2%	-68.8%	68.3%	87.2%	53.7%	18.9%	26.8%	57.3%	18.9%	39.4%	9.9%	31% (Q2)	32.9% (Q3)	23% (Q4)
	Congregated Settings	150 100%	137	-8.6%	12	5	1	30	8	35	10	28	8	11 (Q2)	46 (Q3)	53 (Q4)
	Quality	100%	Data Gap													
	Elder abuse cases - % of active cases reviewed within 6 month timeframe	90%	90%	0%	94.7%	95.9%	89.0%	90.6%	72.7%	96.7%	88.2%	97.0%	86.4%	75.4%	90.6%	100%
Access	0-18s	100% 24/24	8/24	-66.6%	2/3	2/3	1/1	2/4	0/4	0/2	Data Gap	1/3	0/1	5/24 (Q2)	5/24 (Q3)	Data Gap
	Day Services	100%	98%	-2%												
	HCP – Total no. of persons in receipt of a HCP	13,200	15,274	15.7%	1,274	1,160	950	1,395	887	1,558	2,049	2,091	3,910	14,997	15,142	15,274
	HCP – No. of persons in receipt of an Intensive HCP at a point in time (capacity)	190	195	-2.6%										165	183	195
	Home Help Hours – No. of hours provided (excluding provision of hours from HCP's)	10,300,000	10,456,801	1.5%	1,409,929	1,295,628	949,074	2,105,580	1,204,980	385,570	710,151	1,250,656	1,145,233	880,890	864,598	890,595
	NHSS Beds - no of people funded	22,361	23,073	3.2%										23,142	23,065	23,073
	No of NHSS Beds in Public Long Stay Units	5,287	5,222	-1.2%	562	597	346	1,041	556	386	651	613	470	5,258	5,244	5,222

Social Care (Disabilities) Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€1,526,243	€1,529,914	€3,671	0.24%	3.49%	2.09%	3.38%	1.11%	3.76%	2.41%	4.56%	2.84%	1.76%
	Pay (excl superannuation pay)	€586,688	€590,630	€3,942	0.67%									
	Pay – Agency	€22,310	€37,161	€14,851	66.56%									
	Pay – Overtime	€4,801	€8,221	€3,421	71.25%									
	Non-pay (incl procurement savings)	€1,012,673	€1,011,096	-€1,577	-0.16%									
	Income	-€100,311	-€99,825	€486	-0.48%									
	% and number of 2015 Service Arrangements signed	100%	70.3% 557		29.7%									
	€ value of 2015 Service Arrangements signed	100%	59.1% €669,722		40.9%									
HR	Variance from Indicative workforce	24,816	25,786	970	3.91%									

Social Care (Older Persons) Balanced Score Card – Finance & HR

		Budget YTD €'000/ Target	Actual YTD €'000	Variance YTD	% Variance YTD	Cavan, Monaghan Sligo, Leitrim, Donegal (1)	Galway, Mayo Roscommon (2)	Clare, Limerick N Tipp, E Limerick (3)	North & West Cork North & South Lee Kerry (4)	Waterford, Wexford Carlow, Kilkenny Tipperary South (5)	Dublin South East Dun Laoghaire Wicklow (6)	Dublin South City Dublin West Dublin South West Kildare, West Wicklow (7)	Laois, Offaly Longford, Westmeath Louth, Meath (8)	Dublin North Central Dublin North West Dublin North (9)
Finance	Net Expenditure variance from plan (budget) – YTD and Projected to year end	€737,122	€736,648	-€474	-0.06%	7.59%	13.91%	6.30%	5.25%	5.18%	0.92%	1.27%	15.31%	-0.16%
	Pay (excl superannuation pay)	€649,900	€662,412	€12,512	1.93%									
	Pay – Agency	€20,851	€31,715	€10,864	52.10%									
	Pay – Overtime	€5,441	€6,333	€892	16.39%									
	Non-pay (incl procurement savings)	€461,181	€442,639	-€18,542	-4.02%									
	Income	-€378,348	-€373,469	€4,879	-1.29%									
	% and number of 2015 Service Arrangements signed	100%	84.8% 975		15.2%									
	€ value of 2015 Service Arrangements signed	100%	52.3% €80,501		47.7%									
HR	Variance from Indicative workforce	24,816	25,786	970	3.91%									

Finance

Detailed Financial overview

The Letter of Determination received by the HSE on 31st of October 2014 provided an increase of €625m or 5.4% in funding for 2015. The HSE's 2015 National Service Plan made clear that when account was taken of the 2014 projected net expenditure deficit of €510m this allowed the health services net costs to increase by €115m. The actual outturn against the €510m projected deficit was €18m higher in relation to increased pension costs, €5m relating to demand led local schemes and €16m relating to demand driven pressure in our Acute Hospitals. This had the combined effect of only allowing net costs to increase by less than €80m in 2015.

Expenditure by Category and Division	Approved Allocation before Supplementary Estimate €'000	Approved Allocation After Supplementary Estimate €'000	YTD		% Var Act v Tar €'000
			Actual €'000	Variance after Supplementary Estimate €'000	
Acute Division	4,025,782	4,212,782	4,225,639	12,857	0.31%
National Ambulance Service	144,139	144,139	145,537	1,398	0.97%
Health & Wellbeing Division	192,390	192,390	179,058	(13,332)	-6.93%
Primary Care Division	948,451	953,451	946,999	(6,452)	-0.68%
Mental Health Division	787,385	787,385	780,294	(7,091)	-0.90%
Social Care Division	3,012,283	3,117,283	3,121,139	3,856	0.12%
Other Direct Services	44,935	44,935	42,635	(2,300)	-5.12%
Other National Divisions / Services	281,469	281,469	286,142	4,673	1.66%
Accelerated Income	(50,000)	0	0	0	
Total Direct Services Provision	9,386,834	9,733,834	9,727,443	(6,391)	-0.07%
Pensions	192,172	244,172	247,563	3,391	1.39%
Demand Led Services	2,591,948	2,833,948	2,848,800	14,852	0.52%
Total Pensions & Demand Led Services	2,784,120	3,078,120	3,096,363	18,243	0.59%
Total	12,170,954	12,811,954	12,823,806	11,852	0.09%

After receipt of supplementary funding the HSE's final financial position for 2015, prepared on an income and expenditure basis⁶ (I&E), shows net expenditure of €12.823 billion against the available budget reported at €12.811 billion. This gives rise to an I/E deficit for the year of €11.8m which represents 0.09% of the total available budget. Of this €18m, or the equivalent of 0.14% of the total available budget, is in respect of greater than expected payments on pensions and demand led services. Within this category the State Claims Agency's deficit was €16m due to greater than expected payments under this heading

⁶ Up to 31st December 2014 the HSE is required to prepare financial information on both an income and expenditure basis (I&E - accruals based accounting) and also a vote accounting basis (largely cash based government accounting). With effect from 1st January 2015 the HSE Vote has been disestablished and transferred to the Department of Health and the HSE is no longer required to prepare vote based statutory accounts.

The supplementary estimate for 2015 needed to encompass the core deficit as well as an expected over run on costs incurred in demand led areas including the State Claims Agency, pension provision and local community demand led schemes. The arrival at this 2015 level of deficit indicates that our net costs will have risen 5.5% between 2014 and 2015 or by 3.7% if we look at the direct provision only (excluding agreed additional expenditure on waiting list, delayed discharges and winter plans of €68m as agreed with Government in April 2015). This increase should be considered in conjunction with increased population growth particularly specific elderly age groups which have experienced much higher growth.

It is important to stress that €312m of the 2015 total deficit or 47% relates to demand led areas such as pension payments, state claims agency payments, local demand led schemes and the Primary Care Reimbursement Service.

2015 FINANCIAL RESULTS AND PERFORMANCE

The financial outturn reported above is shown after receipt of supplementary allocation for 2015. A supplementary estimate of €665m was approved by Cabinet on 8th December 2015. A total of €642m revenue funding was issued to the HSE to fund deficits in pensions and other demand-led areas, expenditure on additional initiatives approved in-year and overspend in operational services.

Description	Full Year 2015 Budget €000s	YTD Spend €000s	YTD Budget €000s	YTD Variance €000s	YTD Variance %	% of Total Variance %
Acute Hospitals Division	4,212,782	4,225,639	4,212,782	12,857	0.31%	108.47%
National Ambulance Service	144,139	145,537	144,139	1,399	0.97%	11.80%
Health & Wellbeing Division	192,390	179,058	192,390	(13,332)	-6.93%	-112.48%
Primary Care	752,573	744,021	752,573	(8,552)	-1.14%	-72.15%
Social Inclusion	128,892	130,558	128,892	1,666	1.29%	14.06%
Palliative Care	71,986	72,421	71,986	435	0.60%	3.67%
Primary Care Division (Note 1)	953,451	946,999	953,451	(6,452)	-0.68%	-54.43%
Mental Health Division	787,385	780,294	787,385	(7,091)	-0.90%	-59.83%
Older Persons Services	737,122	736,648	737,122	(474)	-0.06%	-4.00%
Nursing Home Support Scheme ("Fair Deal")	853,918	854,576	853,918	658	0.08%	5.55%
Disability Services	1,526,243	1,529,914	1,526,243	3,671	0.24%	30.97%
Social Care Division	3,117,283	3,121,139	3,117,283	3,856	0.12%	32.53%
CHO Corporate Community	4,411	4,556	4,411	145	3.29%	1.22%
National Cancer Control Programme (NCCP)	2,504	2,723	2,504	219	8.74%	1.85%

Description	Full Year 2015 Budget €000s	YTD Spend €000s	YTD Budget €000s	YTD Variance €000s	YTD Variance %	% of Total Variance %
Clinical Strategy & Programmes Division	30,444	28,852	30,444	(1,591)	-5.23%	-13.43%
Quality Assurance & Verification	607	272	607	(336)	-55.27%	-2.83%
Quality Improvement Division	6,969	6,232	6,969	(737)	-10.57%	-6.22%
Other National Divisions/Services	281,469	286,142	281,469	4,672	1.66%	39.42%
Total Direct Service Provision	9,733,834	9,727,443	9,733,834	(6,391)	-0.07%	-53.92%
Statutory Pensions	465,973	461,331	465,973	(4,642)	-1.00%	-39.17%
Pension Levy	(221,801)	(213,768)	(221,801)	8,034	-3.62%	67.78%
Pensions	244,172	247,563	244,172	3,391	1.39%	28.61%
State Claims Agency	189,000	205,228	189,000	16,228	8.59%	136.91%
Primary Care Reimbursement Scheme (Note 1)	2,397,239	2,393,130	2,397,239	(4,109)	-0.17%	-34.67%
Demand Led Local Schemes (Note 1)	233,080	235,204	233,080	2,124	0.91%	17.92%
Overseas Treatment	14,629	15,239	14,629	610	4.17%	5.14%
Demand Led Services	2,833,948	2,848,800	2,833,948	14,852	0.52%	125.30%
Total Pensions & Demand Led Services	3,078,120	3,096,363	3,078,120	18,244	0.59%	153.92%
Overall Total	12,811,954	12,823,807	12,811,954	11,853	0.09%	100%

Note 1: PCRS and Demand Led Schemes form part of the Primary Care Division but are reported under Non Core Services

Description	Full Year 2015 Budget €000s	HSE Direct Provision		S.38 Funded Providers	
		YTD Variance €000s	YTD Variance %	Variance €000s	Variance %
Acute Hospitals Division	4,212,782	23,756	0.99%	(10,899)	-60%
National Ambulance Service	144,139	1,399	0.97%		0.00%
Health & Wellbeing Division	192,390	(13,332)	-6.93%		0.00%
Primary Care	752,573	(9,344)	-1.25%	792	10.75%
Social Inclusion	128,892	1,666	1.29%	0	0.00%
Palliative Care	71,986	1,199	2.32%	(765)	-3.79%
Primary Care Division (Note 1)	953,451	(6,479)	-0.70%	27	0.10%
Mental Health Division	787,385	(7,699)	-1.02%	608	1.69%
Older Persons Services	737,122	(998)	-0.14%	525	1.31%

Description	Full Year 2015 Budget €000s	HSE Direct Provision		S.38 Funded Providers	
		YTD Variance €000s	YTD Variance %	Variance €000s	Variance %
Nursing Home Support Scheme ("Fair Deal")	853,918	658	0.08%	0	0.00%
Disability Services	1,526,243	(2,508)	-0.22%	6,179	1.57%
Social Care Division	3,117,283	(2,848)	-0.11%	6,704	1.54%
CHO Corporate Community	4,411	145	3.29%	0	0.00%

Note: The "S.38 Funded Providers" figures relate to a subset of the larger voluntary providers funded by the HSE under S.38 of the Health Act 2004 including all 16 voluntary hospitals. The HSE's monthly performance assurance report incorporates pay, non pay and income detail as reported by these providers to the HSE. Expenditure related to the remainder of the voluntary providers funded by the HSE under S.38 and S.39 of the Health Act 2004 is shown under non pay based on the amounts paid out by the HSE.

The 2015 deficit **before the supplementary allocation** includes cost overruns in the following areas which the HSE had previously identified:

Demand-Led Areas

State Claims Agency (SCA) Cost of Historic Claims (managed by the SCA – deficit before supplementary €109m) – the I/E overrun in respect of these claims reflects the fact that the budget available to the HSE for these costs (€96m) has not increased in recent years albeit the SCA has outlined its predictions in relation to cost growth. Precise cost prediction in this area has proven to be extremely challenging and deficits in recent years have been met each year by way of supplementary funding at year end.

Primary Care Reimbursement Service (deficit before supplementary €142m – PCRS €125m & €17m Local Demand Led Schemes) – The PCRS is primarily a demand-driven service and expenditure increased by €106m in 2015 compared to 2014. Of this increase €127m represented growth in four specific areas, GP Fees & Allowances €32m, High Tech Drugs €54m, Long Term Illness scheme €52m, Hep C Scheme €21m with offsetting reductions in other areas such as GMS pharmacy drugs (€67m) and low growth in a number of other areas / schemes of €14m. A deficit position had been projected in the region of €145m early in 2015 with a final outturn achieved being €20m less than anticipated. The PCRS final deficit included a savings target of €40m for IPHA/AMPI price savings with only €2.8m saved in this area due to a dependency on a new agreement being negotiated in 2015.

Local Demand Led Schemes had a final deficit of €17m, €2m more than had been anticipated by the Primary Care Division. It is typically difficult to estimate demand growth in this area.

Pension including pension levy (deficit before supplementary €55m) - The HSE projected a 2015 deficit of €52m pensions based on expected retirements in year. The scale and number of retirements in any financial period is difficult to predict with certainty.

Acute Hospitals (deficit before supplementary €199m) – the acute Hospital system was projected to be approximately €187m in deficit by the end of 2015. This represented a core deficit of €149m plus €28m and €10m of approved additional expenditure on waiting lists and winter planning respectively. The deficit position after supplementary estimate is €12.8m which represents cost growth beyond the anticipated levels of 0.3% of total acute budget. In 2015, the biggest single increase in spend has occurred in basic pay of €88m. It represents a 3.7% increase on 2014. This has been partially offset by a decrease in acute agency spend of €23m or 10.1%. Clinical non-pay costs have increased by €82m, or 8% year on year. The main growth drivers within clinical non-pay have been drugs & medicines ie €43m (12.7%) and medical & surgical supplies ie €22m (6.5%)

Agency Services - HSE 2015 agency costs were €332m versus €341m in 2014, a decrease of €8.2m (2.4%) year on year. Agency costs incurred in acute hospital services were €208m and this compares to €231m for last year. The 2015 agency costs for hospitals include €93m in respect of the medical/dental pay category. This represents a decrease of €7m compared to 2014. Acute paramedical agency costs have fallen by €9m. Hospital agency costs overall have decreased by €23m (10.1%) compared to the same period last year.

Agency Costs by Division - 2015 versus 2014								
	Acute Hospitals	Health & Wellbeing	National Ambulance Service	Primary Care	Social Care	Mental Health	Other Services incl NCCP & QID	Total
	€000s	€000s	€000s	€000s	€000s	€000s	€000s	€000s
Jan-15	17,868	127	83	1,542	5,144	2,426	208	27,398
Feb-15	18,923	99	21	1,575	4,907	2,386	465	28,376
Mar-15	17,929	160	71	1,518	5,195	2,531	270	27,672
Apr-15	17,841	113	62	1,724	5,592	2,389	372	28,093
May-15	16,699	77	32	1,600	5,331	2,528	398	26,665
Jun-15	16,466	192	63	1,687	5,470	2,609	756	27,243
Jul-15	16,777	163	38	1,318	6,089	3,025	383	27,793
Aug-15	17,118	93	42	1,310	5,996	2,993	353	27,905
Sep-15	16,794	62	41	1,196	6,958	3,016	338	28,404
Oct-15	16,895	61	29	1,487	5,863	3,205	360	27,900
Nov-15	15,769	54	24	1,204	6,182	2,900	545	26,677
Dec-15	18,634	97	22	1,620	6,148	3,983	(2,205)	28,299
Total 2015 YTD	207,713	1,296	528	17,780	68,874	33,992	2,242	332,424
Average monthly cost 2015 to date	17,309	108	44	1,482	5,740	2,833	187	27,702
Jan-14	17,005	143	147	1,245	4,632	1,447	323	24,943
Feb-14	17,601	149	195	1,327	4,173	1,757	49	25,252
Mar-14	18,867	87	77	1,283	5,292	1,954	227	27,787
Apr-14	18,826	141	163	1,301	4,916	2,102	299	27,746
May-14	19,562	156	174	1,330	5,395	2,415	314	29,345
Jun-14	19,956	119	131	1,470	4,705	2,042	322	28,746
Jul-14	20,467	112	154	1,445	5,676	2,487	193	30,535

Aug-14	18,655	123	153	1,339	5,405	2,570	442	28,687
Sep-14	19,177	111	168	992	5,600	2,653	268	28,969
Oct-14	19,447	40	119	1,441	5,010	2,421	409	28,888
Nov-14	19,053	110	106	1,628	3,784	2,289	3,449	30,421
Dec-14	22,340	123	93	1,700	5,413	2,682	(3,066)	29,285
Total 2014 YTD	230,956	1,414	1,681	16,502	60,001	26,819	3,230	340,604
Average monthly cost 2014 to date	19,246	118	140	1,375	5,000	2,235	269	28,384
Change - YTD 2015 vrs 2014	(23,244)	(118)	(1,154)	1,278	8,873	7,173	(988)	(8,179)

Social Care Services (deficit before supplementary €115m) – the final deficit before supplementary funding of €115m includes €59m approved additional expenditure on delayed discharge initiatives in Older Persons Services and the Nursing Home Support Scheme (NHSS). Key cost pressures and financial risks during 2015 included significant pay cost pressures in respect of overnight residential staff. Additionally, environmental factors were also an ongoing issue with deployment of staff driving agency costs. Allied to this were significant staffing and capital / once-off pressures, arising from the enhanced regulatory focus on disability residential services, which will require a significant multi-annual investment programme over the coming years.

Conclusion

The direct service provision HSE deficit came in at (0.07)% or €6.3m below the anticipated level of expenditure for 2015 with pensions and demand led services exceeding expected levels by €18.2m or 0.59%.

Of this €18.2m, or the equivalent of 0.14% of the total available budget, is in respect of greater than expected payments on pensions and demand led services. The State Claims Agency's deficit representing €16m of this total which is due to greater than expected payments under this heading. The supplementary estimate for 2015 encompassed the direct services deficit as well as the expected over run on costs incurred in demand led areas including the State Claims Agency.

The arrival at this 2015 level of deficit indicates that our net costs will have risen 5.5% between 2014 and 2015 or by 3.7% if we look at the direct provision only (excluding agreed additional expenditure on waiting list, delayed discharges and winter plans of €68m as agreed with Government in April 2015). This increase should be considered in conjunction with increased population growth particularly specific elderly age groups which have experienced much higher growth. It is also important to stress that €312m of the 2015 total deficit or 47% relates to demand-led areas outwith the direct control of the HSE such as pension payments, state claims agency payments, local demand-led schemes and the Primary Care Reimbursement Service.

Human Resources

Human Resources

People Strategy 2015 – 2018 Leaders in People Services

People Strategy 2015- 2018 Leaders in People Services was communicated across the health system in January, 2016. The Strategy Framework gathers the interrelated and inter dependent elements of the *Strategy – it is only by working together on all of these elements that we can really bring about significant cultural change* in the way we approach people management across the system. The combined outcomes from each of the priority areas in the People Strategy will result in improved performance, workforce optimisation and a learning Organisation delivering the overall goal of Safer Better Healthcare. The People Strategy and Workplan are available on the following link:

<http://hse.ie/eng/staff/Resources/hrstrategiesreports/peoplestrategy201518.html>

Health Service Excellence Awards 2015 – 2016

A total of 426 applications were received by closing date of 13th January. Shortlisting process has commenced. The presentation ceremony for the Awards will take place on Wednesday, 27th April, 2016. Details of all applications are attached at Appendix 1. The response rate and quality of submissions highlights the requirement to recognise the excellence in practice in our health service and the significant opportunity to share and replicate said practice.

HR Help Desk

National HR Employee Helpdesk went live on 4th January, 2016. The focus of the HR HelpDesk is on providing individual employee support in conjunction with the local HR Offices and CERS/ERAS.

The HR Help Desk can be contacted on Tel: 1850 444 925 each day from 8.00 am to 5 pm, Email: ask.hr@hse.ie or like the Facebook Page: Ask HR HSE.

European Working Time Directive

- The data deals with 5,314 NCHDs (as compared to 5,175 previously);
- Compliance with a maximum 48 hour week is at 77% as of end December – unchanged since November;
- Compliance with 30 minute breaks is at 99% - unchanged from November;
- Compliance with weekly / fortnightly rest is at 99% - unchanged from November;
- Compliance with a maximum 24 hour shift (not an EWTD target) is at 96% - up 2% since November. This represents a return to standard figures and likely reflects inclusion of amended St Vincent's data.
- Compliance with a daily 11 hour rest period is at 96% - unchanged from November. This is closely linked to the 24 hour shift compliance above.

HR User Group

Inaugural meeting held on Tuesday 18th January with a review of HR suggestions received through the Inspire hub.

LRA Adjudication – Dentists

An arbitration process, under the provisions of LRA was conducted in respect of weekly hours to be worked by Public Health Dentists, post July 2015. The outcome of the process upheld the HSE position.

HR Masterclasses 2016

Four very successful HR Masterclasses were held in 2015. For the year ahead the events are an important opportunity to support and advance key themes in the People Strategy whilst also supporting each of the Division's priorities and improving our staff engagement. To ensure strategic alignment with other Divisions, HR hosted a teleconference with organisation Partners to agree and approach for 2016. A Masterclass on the Health Service People Strategy will be held on 1st February whilst Dr. Michael Leiter will deliver the second HR Masterclass on 14th April on "Engagement – Resilience & Avoiding Burnout" Workplace health.

NDTP Update

Extension of NCHD Flexible Training Scheme

The HSE-NDTP funded Flexible Training Scheme has been in existence since 2004 and currently funds up to a maximum of 24 senior trainees to work on a 50% of full-time equivalent basis. These posts are fully funded by NDTP and are additional to a clinical site's complement of NCHDs. This scheme is very popular with trainees and facilitates a number of young Doctors to continue training whilst balancing life issues. Flexible Training is also a key recommendation of the strategic review of medical training and career structure (MacCraith) report. The Minister for Health has recently requested that the scheme be extended on a phased basis over a three year period to result in a doubling of the number of places available. With effect from the next NCHD rotation in July 2016 NDTP are funding an increase of an additional 8 flexible training places. In addition NDTP is now extending the scheme to junior trainees from BST Year 2/ST2 training onwards.

Absence Rates in the Health Sector to November 2015

	Target	Nov 2014	2014 Total	Oct 2015	Nov 2015	YTD 2015	% Medically Certified (November 2015)	% Medically Certified (YTD 2015)
Absence Rates	3.50%	4.10%	4.27%	4.12%	4.31%	4.20%	87.78%	87%

Latest monthly figures (November 2015)

- The November rate at 4.31% is up on the October rate and is the second lowest November rate. Previous November rates were 5.37% (2008), 5.45% (2009), 4.61% (2010), 5.01% (2011), 4.66% (2012), 4.55% (2013) and 4.10% (2014).

Annual Rate for 2015 and Trend Analysis from 2008

- Absence rates have been collected centrally since 2008 and in overall terms, there has been a general downward trend seen over that time.
- November 2015 absence rate stands at 4.31% marginally up from a rate of 4.10% for November 2014.
- The 2015 YTD rate is 4.20%, and puts the Health Services generally in- line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. Latest NHS England absence rates for year to July 2015 recorded an overall rate of 4.25%. Scotland's NHS absence rate for similar period was 5.04% while in Wales the rate recorded was 5.0%
- Annual rates; 2008 – 5.76%, 2009 – 5.05%, 2010 – 4.70%, 2011 – 4.90%, 2012 – 4.79%, 2013 – 4.73%, 2014 – 4.37% and YTD 2015 – 4.20%
- The notional/opportunity cost of absenteeism for the health services for 2014, using DPER methodology, was assessed as being of the order of €150 million.

Appendices

Appendix 1: Hospital Groups

	Hospital		Hospital
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	Dublin Midlands Hospital Group	Coombe Women and Infants University Hospital
	Mater Misericordiae University Hospital		Midland Regional Hospital – Portlaoise
	Midland Regional Hospital – Mullingar		Midland Regional Hospital – Tullamore
	National Maternity Hospital Holles Street		Naas General Hospital
	Our Lady's Hospital – Navan		St James Hospital
	Royal Victoria Eye and Ear Hospital Dublin		Tallaght Hospital
	St. Columcille's Hospital Loughlinstown	South/ South West Hospital Group	Bantry General Hospital
	St. Luke's Hospital Kilkenny		Cork University Hospital
	St Michael's Hospital Dun Laoghaire		Kerry General Hospital
	St Vincent's University Hospital Elm Park		Lourdes Orthopaedic Hospital Kilcreene
	Wexford General Hospital		Mallow General Hospital
			Mercy University Hospital Cork
RCSI Hospital Group	Beaumont Hospital including St Josephs		South Tipperary General Hospital
	Cavan General Hospital		South Infirmary University Hospital Cork
	Connolly Hospital		Waterford Regional Hospital
	Our Lady of Lourdes Hospital Drogheda	Saula Hospital Group	Galway University Hospitals
	Rotunda Hospital		Letterkenny General Hospital
University of Limerick Hospital Group	Croom Hospital		Portiuncula Hospital General & Maternity Ballinasloe
	Ennis Hospital		Mayo General Hospital
	Nenagh Hospital		Roscommon County Hospital
	St John's Hospital		Sligo General Hospital
	University Hospital, Limerick		
	University Maternity Hospital		
Children's Hospital Group	Children's University Hospital Temple Street		
	Our Lady's Hospital for Sick Children Crumlin		
	National Children's Hospital, Tallaght		

Appendix 2: Community Health Organisations

	Areas included CHO's		Areas included CHO's
CHO 1	Cavan	CHO 6	Dublin South East
	Monaghan		Dun Laoghaire
	Donegal		Wicklow
	Sligo	CHO 7	Dublin South City
	Leitrim		Dublin West
CHO 2	Galway		Dublin South West
	Roscommon		Kildare
	Mayo		West Wicklow
CHO 3	Clare	CHO 8	Laois
	Limerick		Offaly
	North Tipperary		Longford
	East Limerick		Westmeath
CHO 4	North Cork		Louth
	North Lee		Meath
	South Lee	CHO 9	Dublin North Central
	West Cork		Dublin North West
	Kerry		Dublin North
CHO 5	Waterford		
	Wexford		
	Carlow		
	Kilkenny		
	Tipperary South		